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MOBILIZATION READINESS OF RETIRED
ARMY NURSE CORPS OFFICERS

FINAL REPORT

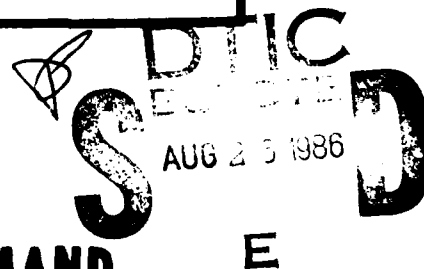
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19 ABSTRACT (Continue on reverse if necessary and identify by block number) Study was assigned as part of the AMEDD Study Program FY84. A survey questionnaire developed specifically for the study was mailed to all RA, AUS, or ARNG medically or nonmedically retired members of the Army Nurse Corps below the age of 60 on record with the Army Reserve Personnel Center (ARPERCEN) (total n=748; response rate = 81.7%) to ascertain their personal and professional readiness, as well as their attitudes, opinions, needs, and concerns regarding mobilization. In addition, data were analyzed for two subgroups: those indicating they would seek to be exempted from recall; and nurse anesthetists. The study findings have potential implications for Army Nurse Corps leaders in program and policy development, strategic planning, and formulating readiness plans. FINDINGS: 1) The "modal" Army Nurse Corps retiree was profiled: 93% of respondents were aware of their recall status; 80% possess "hip pocket" orders; 75.4% would want to be recalled if physically capable; 20.7% indicated they would seek to be exempted from recall. 2) A valid license to practice nursing was held by almost 93% of retirees; 66% perceived themselves as remaining sufficiently competent to practice nursing "today"; 82% believe they would be ready to assume a clinical role in (continued)						
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their specialty area within six weeks if recalled "today." 3) Personal responsibilities were the prime reason cited by the 50 retirees reporting no physical or mental disability that would affect their performance as an Registered Nurse, but who indicated they would seek exemption from recall; 40.8% cited difficulties arranging for dependents; 51% cited personal concerns other than dependents. 4) Most nurse anesthetists (71%) remain certified to practice anesthesia; of these 77.2% have continued specialty practice following retirement from active duty; 72.3% planned to continue practice until age 60; and 56.2% perceived their current nursing capabilities to be at the highest levels. A significant relationship was identified between the number of years retired and anesthetists' perceptions of overall professional competency ($F=15.79$; $df=1/115$, $p=0.0001$). As years since retirement increased, self-perception of competency significantly decreased. RECOMMENDATIONS: 1) Resurvey on a recurring basis to monitor changes over time and evaluate differences in attitudes pursuant to policy changes. 2) Increase communications between RANCs and the Army/Army Nurse Corps. 3) Reexamine regulations and laws to facilitate RANCs' readiness posture by providing appropriate training opportunities. 4) Designate one Point of Contact at ARPERCEN to monitor the status of retiree members to facilitate efficient processing. 5) Replicate study for all AMEDD corps retirees to determine requirements for other health care professionals.

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SUMMARY

Retired Army Nurse Corps officers (RANCs) are among those individuals whose critical skills would be needed in the event of a mobilization. Therefore, it was deemed appropriate to survey those individuals eligible for recall to ascertain their personal and professional readiness, as well as the attitudes, opinions, needs, and concerns regarding mobilization. The study findings have potential implications for Army Nurse Corps (ANC) leaders in program and policy development, strategic planning, and formulating readiness plans.

The population studied consisted of all Regular Army (RA), Army of the United States (AUS), or Army Reserve National Guard (ARNG) retired members of the ANC below the age of 60 years, medically or nonmedically retired, and on record with the Army Reserve Personnel Center (ARPERCEN), St. Louis, Missouri. A mail survey developed specifically for the study was sent to 748 subjects who met the aforementioned eligibility criteria. A response rate of 81.7% (n=576) was realized using a total of four followup contacts to nonrespondents.

A variety of multivariate statistical analyses using the Statistical Package for the Social Sciences (SPSS-X) were utilized to interpret the data. Content analysis was used to interpret open-ended questions.

The "modal" ANC retiree in the sample was profiled. Virtually the entire population (93%) was aware of their recall status, with 80% possessing "hip pocket orders." The majority (75.4%) would want to be recalled if physically capable; only 20.7% indicated they would seek an exemption from recall. A valid license to practice nursing was held by almost 93% of the retirees. Although a majority of the retired officers desired mobilization readiness training, 66% perceived themselves as remaining sufficiently competent to practice nursing today. If recalled "today," 82.5% believed they would be ready to assume a clinical role in their specialty area within six weeks. Several recommendations were given to assist retirees to remain competent and informed about the Army and the ANC.

Personal responsibilities were the prime reason cited by the 50 retirees reporting no physical or mental disability that would affect their performance as a Registered Nurse but who indicated they would seek exemption from recall. Difficulties making arrangements for minor or adult dependents were prime reasons cited by 40.8% of these RANCs; 51% of the exemption-seeking group listed personal concerns other than dependents as their rationale for an exemption request.

A subgroup analysis was also performed on responses of the 121 nurse anesthetists (23% of the total respondents). The majority (71%) remained certified to practice anesthesia; most of whom continued anesthesia practice since retirement from active duty (77.2%); planned to continue specialty practice until age 60 (72.3%); and (66.2%) perceived their current nursing capabilities to be at the highest of levels, including their competencies using various anesthetic modalities and practicing in a field environment. Of interest was the significant relationship between the number of years retired and the

perceptions of overall professional competency ($F=15.79$, $df=1/115$, $p=0.0001$). As the years since retirement increased, the self-perception of competency significantly decreased. Difficulty in arranging for dependents was the most frequently identified reason for seeking a recall exemption among subgroup members.

The study demonstrated that the RANC population is a valuable mobilization resource whose members are committed and ready to support the active force in the event of a national emergency. Recommendations were made for increasing communications from the Army to the retirees, as well as possible methods of assisting RANCs to remain clinically competent.

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The Army Reserve Personnel Center and the Army Finance Center were helpful beyond any reasonable requirement assisting the investigators to locate the subjects in the study.

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Finally, Colonel Eily P. Gorman, Assistant Chief, Army Nurse Corps, has added her support as Study Director. She provided ongoing consultation and guidance throughout the study effort.

GLOSSARY

ACLS - Advanced Cardiac Life Support
AMEDD - Army Medical Department
ANA - American Nurses Association
ANC - Army Nurse Corps
AR - Army Regulation
ASI - Additional Skill Identifier
AUS - Army of the United States
CPR - Cardiopulmonary Resuscitation
CRNA - Certified Registered Nurse Anesthetist
DA - Department of the Army
MOS - Military Occupational Specialty
NG - Army National Guard
OJT - "On-the-Job" Training
PSI - Primary Skill Identifier
RA - Regular Army
RANC - Retired Army Nurse Corps Officer
RN - Registered Nurse
ARPERCEN - Army Reserve Personnel Center
SSI - Specialty Skill Identifier
USAR - United States Army Reserve
VA - Veterans Administration

SSI/MOS

66A/3430 - Nurse Administrator/Nurse Methods Analyst
66B/3431 - Community Health Nurse
66C/3437 - Psychiatric Nurse
66D/3442 - Pediatric Nurse

GLOSSARY (Continued)

66E/3443 - Operating Room Nurse

66F/3445 - Nurse Anesthetist

66G/3446 - Obstetrics/Gynecology Nurse

66H/3448 - Medical Surgical Nurse

66J/3449 - General Duty Nurse

Proficiency Designator

Reference: Army Regulation 611-101 (1986)

9D - Awarded to an ANC with a minimum of a Bachelor of Science Degree in Nursing (BSN) and two years satisfactory experience in the full spectrum of his/her clinical specialty.

9C - Awarded to an ANC with a minimum of a BSN plus five years experience in his/her clinical specialty, who is capable of performing in positions of management, education, and training. A Master of Science Degree (MSN) plus two years of qualifying experience is authorized as substitution in lieu of the BSN and five years experience.

9B - Awarded to ANC with a minimum of an MSN plus six years experience (or a BSN and ten years experience) in his/her clinical specialty; who demonstrated superior professional ability to function in supervision, training, and nursing consultation; and who participates in and facilitates research.

9A - Awarded on an individual basis following proficiency determination by a classification board at the Office of The Army Surgeon General; designates expert in SSI.

Additional Skill Identifier (ASI)

5K - Instructor

7T - Clinical Nurse Specialist

7U - Field Nursing

7V - Nurse Recruiting

7W - Regional Anesthesia

GLOSSARY (Continued)

8A - Critical Care

8C - Thoracic/Cardiovascular

8D - Midwife

8E Nurse Practitioner

8J - Infection Control

8K - Centralized Materiel

STUDY REPORT

MOBILIZATION READINESS OF RETIRED ARMY NURSE CORPS OFFICERS

1. INTRODUCTION

a. **Background.** Retiree mobilization refers to expansion of the Army requiring the return to active duty of previously retired members (AR 601-10). The mobilized accessions would augment peacetime manpower levels during a war or national emergency declared by Congress (Title 10, US Code, Sections 672(a), 672(d), 675, and 688(a)). Eligibility criteria for retiree recall are based on: age, physical qualification, grade at retirement, and current employment circumstance. Those individuals holding positions considered "key or emergency essential," as defined in AR 610-10, may be exempt from a recall. Taking all things into consideration, members are mobilized based on service needs.

During times of national crisis, retired Army Nurse Corps officers (RANCs) would be needed to augment active Army Medical Department (AMEDD) forces. To make sound contingency plans, the Army Nurse Corps (ANC) deemed it necessary to obtain an accurate profile of the readiness status of RANCs.

b. **Purpose.** The study purpose was to survey the personal and professional readiness as well as the attitudes, opinions, needs, and concerns regarding mobilization of retired ANC officers. The study findings were believed critical for ANC leaders in program and policy development, strategic planning, and formulating readiness plans.

c. **Objectives.** The objectives of this survey were:

- (1) Profile the personal, military, professional, and current health characteristics of RANCs.
- (2) Assess the attitude of RANCs towards mobilization, training for readiness, and utilization in the event of recall.
- (3) Identify those health, professional, and personal considerations of RANCs which might impede their mobilization and/or full utilization.
- (4) Examine potential strategies for maintaining the professional proficiency and readiness capability of RANCs through education and training programs.

d. Study Questions.

- (1) What are the personal, professional, military, and health characteristics of RANCs?
- (2) What are the attitudes of RANCs towards mobilization, utilization, and readiness training if mobilized?
- (3) How influential are select health, professional and personal considerations in the mobilization readiness of RANCs?
- (4) How can the readiness capabilities of RANCs be best maintained?
- (5) As a subgroup with highly critical skills, what are the perceived capabilities of the nurse anesthetists?
- (6) What are the reasons that RANCs give for seeking exemptions from recall to active duty?

2. METHODOLOGY

a. Population. Eligibility requirements for the population included the following:

- (1) Regular, AUS, or ARNG retired members of the ANC on record with the Army Reserve Personnel Center (ARPERCEN) in St. Louis, Missouri;
- (2) Below 60 years of age; and
- (3) Medically or non-medically retired.

b. Instrument. During development of the study-specific survey instrument, input was received from ANC Specialty Consultants, other senior members of the Corps, and ANC enrollees at the US Army-Baylor University Graduate Program in Health Care Administration and the AMEDD Officers Advanced Course at the Academy of Health Sciences.

A six-section study specific questionnaire was developed (Appendix A). The major sections included:

- (1) Mobilization Readiness;

- (2) Professional Data (including status of professional knowledge and skills, areas of expertise, and professional experience since retirement);
- (3) Mobilization/Readiness Attitudes;
- (4) Military Background;
- (5) Personal Data; and
- (6) Health Status Data.

To assess self perceptions of their unique clinical competencies, a subsection of the professional data portion of the questionnaire contained 20 items specific to nurse anesthetists. The instrument concluded with four open-ended questions to solicit further comments regarding mobilization and the survey in general.

The questionnaire was independently assessed for content validity, clarity, and appropriateness of questions by selected RANCs (ineligible for recall due to age) and ANC staff officers. The reviewers believed the instrument to be comprehensive, inclusive, and valid vis-a-vis the study objectives.

c. **Procedure.** Because descriptive data regarding the population was scant, a census of all eligible members of the population was undertaken. The target population list and mailing labels were provided by ARPERCEN.

During mid-January 1985, the questionnaire, including a cover letter from the Chief of the Army Nurse Corps along with a prepaid return envelope, was mailed to all 748 potential subjects meeting eligibility criteria. Potential respondents were assured of confidentiality and informed that data would be reported in an aggregate manner, thereby making it impossible to identify individuals. Subject's consent to participate was implied by completion of the questionnaire. Individuals choosing not to participate were requested to return uncompleted questionnaires in the provided envelopes. A study control desk was established outside the investigators' division, further insuring confidentiality of responses, and facilitating the three follow-up mailings to non-respondents at four, eight, and ten weeks. When questionnaires were returned as undeliverable by the US Postal System, the Army Finance Center was contacted for a correct address. Address changes were shared with ARPERCEN enabling them to update their listings.

d. **Data Analysis.** Subjects' responses were keyed directly from questionnaire to tape with 100% verification. Content analysis was utilized on open-ended questions. Statistical analyses were performed using the Statistical Package for the Social Sciences (SPSS-X, 1986).

3. FINDINGS

Forty-three questionnaires (5.7%) were undeliverable. Twenty-eight individuals (3.7%) did not respond. An additional 17 retirees (2.3%) were subsequently declared ineligible due to age, duty status, or death. Final returns yielded 607 responses; of these, 21 questionnaires were not completed and 10 were incomplete. The final adjusted response rate was 88.2% (N=576) using the Kviz (1977) method of calculation.

a. **Demographics.** Appendix A (Sections 2, 4, 5, and 6), Appendix B (Figures 1-15), and Appendix C (Tables 1-16) present personal data, military characteristics, professional characteristics, and health data for the aggregate. A summary of these data, presented below, profiles the "modal" ANC retiree respondent.

(1) Personal and Military:

- currently 51.8 years of age
- female
- unmarried
- not responsible for dependents
- would require 10.7 days to report for duty
- has 21.5 years of military service, with 19.26 years in the ANC
- has been retired 5.7 years
- was a member of the Regular Army
- retired as a Lieutenant Colonel at 45.9 years of age
- attended both the basic and advanced officers' courses
- served in a combat theater
- has not served as a chief nurse or assistant chief nurse
- held the primary specialty skill identifier (SSI) of administrator, anesthetist, or medical/surgical nurse.

(2) Professional data:

- graduated from a diploma school of nursing
- holds a current nursing license, which she intends to renew
- agrees that it is an individual's responsibility to maintain professional competency
- has practiced nursing in excess of 25 years
- worked for pay as an RN between one to ten years since retirement
- plans to continue the practice of nursing either full time, part time, or as a volunteer until age 60
- works in a variety of facilities/environments, most likely in the specialty area held while on active duty
- is not currently certified or credentialed for advanced practice in a specialty area
- has attended 5.4 continuing education programs in the past two years, accumulating approximately 32 contact hours
- reports a moderate to high degree of professional capability, although significantly less than perceived during the last 3-5 years while on active duty.

(3) Health status/physical condition:

- reports good to excellent health
- does not take prescription medications
- has not sought medical care for other than a routine physical exam within the past three years
- based on health status, expects to be mobilized
- agrees there is a personal responsibility to maintain physical fitness
- engages in some regular form of exercise

-is aware of current Army physical fitness requirements, which could be met with minimal to moderate training.

b. Mobilization Readiness. Appendix A (Sections 1, 3 and Conclusion), Appendix B (Figures 16-36), and Appendix C (Tables 1-9) delineate mobilization readiness data including attitudes towards the concept of mobilization, perceived training needs, and utilization during recall.

(1) Awareness of Mobilization Issues. Virtually the entire study population (93%) was aware of their recall status with 80% possessing "hip pocket orders" (Figures 16 and 17). However, only 26.3% report any contact with the assigned facility (Figure 18).

While retirees used a variety of information sources to keep abreast of military issues, "Army Echoes," published by the USA Finance and Accounting Center, and communications from ARPERCEN in St. Louis, Missouri, received the highest rank among all sources, with 73.2% and 50% respectively listing them as significant sources of information (Figure 19). Almost 39% of the respondents are members of the Retired Army Nurse Corps Association (Figure 19).

Two questions asked respondents to assess how successful the questionnaire had been in increasing their knowledge of mobilization issues (Appendix A, Section: Conclusion). The majority (59.4%) indicated the questionnaire had provided information of which they were unaware or had forgotten. The second question asked respondents to evaluate how successful the questionnaire had been in updating their role in mobilization. This purpose was realized as "very successful" or "moderately successful" by an excess of over 60% of the respondents.

(2) Mobilization Attitudes. Respondents felt the realistic upper age for mobilization of retired officers should be between 55 and 60 years, with the realistic time limit for mobilization to be five to ten years following retirement (Figures 20 and 21). The majority (75.4%) would want to be recalled if physically capable, seeing mobilization as an important way to serve the country in time of need (81.4%). At the same time, a large percentage (43.5%) indicated a preference not to report to duty unless there is no other option. However, only 20.7% indicated they would choose to seek an exemption from recall (Appendix A, Section 3).

The majority of retirees (63.2%) do not view their retirement remuneration as a monetary retainer for possible mobilization, but as deferred compensation. The majority (66.4%) also reported feeling a continuing obligation to the nation despite their period of active duty (Appendix A, Section 3).

(3) Utilization During Mobilization (Appendix A, Section 3). Most (86.6%) respondents believed they should be allowed some choice concerning the geographic location of their mobilization duty assignment. The majority

(59.1%) would expect assignment to either a military or civilian treatment facility within a 50 mile radius of their "home."

If recalled, 93% of the retirees desired input into the selection of their duty position. Retirees' preferences for specialty of practice and duty position correlated with their SSI and work experience during active duty (Tables 4 and 8). Although most would prefer to serve in their clinical specialty (Table 4), few chose a duty position as a clinical staff nurse, indicating their abilities would best be utilized in a management or staff level position (Table 8).

Of further interest was the number of RANCs who hold a valid license to practice, and retiree opinions regarding utilization of unlicensed individuals in the event of recall. A valid or inactive license was held by 509 (92.9%) of the retirees. While there is no significant relationship ($\chi^2 = 13.15$, $df=8$, $p=.107$) in the responses to utilization of unlicensed nurses by the respondents' license status (Table 9) across all groups, 37.9% retirees responded that unlicensed nurses should be utilized as a 91C or in a non-nursing role (Figure 22).

(4) Competency and Training. A number of questions focused on attitudes maintaining professional competency through readiness training. Respondents perceived an interdependent role between the Army and the retiree on this issue. There was agreement that the Army should not only require eligible RANCs to be prepared for possible recall (69%) and to participate in periodic readiness training (59%), but that the Army has the responsibility for keeping those eligible for recall professionally prepared for mobilization (62.6%) (Appendix A, Section 3). Virtually all respondents (98.1%) had no opportunity for mobilization readiness training in a military setting (Figure 23). Yet, if offered, the majority (61.8%) expressed interest in participating in such experiences (Figure 24). Among the options supported for readiness training were clinical experience and conferences at military medical treatment facilities (Figures 25 and 26).

Preferences for training topics are identified in Figure 27. The primary reported focus for reorientation should be on changes in Army doctrine, regulations, and maintenance of clinical skills. The main routes chosen for evaluating professional competency combined clinical skill verification (27%) and successful completion of a classroom and/or clinical refresher course (49.2%) (Figure 28). Retirees (80.8%) expect to be compensated for training in any program including participating with local reserve units. Compensation suggestions included a salary for readiness training (71.7%), but other options cited included payment of travel and housing costs, retirement points, and the provision of continuing education credits (Figure 29).

Although a majority of retired officers desire training, 65.6% perceived themselves as remaining sufficiently competent to practice nursing today as measured by a Cantrell self-anchoring scale (Figures 30-33). However, 45.5% do not plan to practice nursing "at this time, until age 60" (Figure 9). In spite of this, many retirees (70.9%) felt competent to assume the role of on-the-job instructor in their clinical specialty during mobilization, and 82.5% believed if recalled "today," they would be ready to assume a clinical role

in their specialty area within 6 weeks of a refresher and orientation (Figures 34 and 35).

C. Selected Subgroup Analysis Because of the potential loss to recall of respondents who indicated they would seek an exemption and the perceived critical shortage in the anesthesia SSI, responses from these two subgroups were further examined to identify issues relevant to, and/or impeding, readiness and mobilization.

(1) **Exemption-Seeking Subgroup.** When variables which might impede mobilization or full utilization of RANCs were assessed, 20% (119) of all respondents indicated they would seek to be exempted from recall. Demographics of the exemption-seeking subgroup are presented in Tables 17 through 21. In addition, several variables presumed to impact on exemption-seeking behaviors were analyzed: current health status, physical/mental disabilities that would effect nursing performance, professional competency, dependents requiring care, and other reasons such as employment or businesses.

The current health status of the 119 who would seek an exemption was almost evenly divided between "excellent to good" and "fair to poor," 51% and 49%, respectively. Of the 61 exemption-seeking "healthy" retirees, (those who rated themselves in excellent to good health), 20 (32.2%) believed they would be exempt from recall considering their present health status; seven (11.5%) are medically retired. Thirty-nine (63.9%) of this group felt they could meet physical training requirements--ranging from no difficulty to needing moderate training. Another 19 (31.1%) could not meet the requirements, and the remaining three (4.9%) individuals, although claiming to be "healthy," reported disabilities which would affect meeting the Army's physical fitness requirements. Additionally, 18 (30%) of the 61 exemption-seeking retirees who rated their health as excellent, reported current physical/mental disabilities that would effect their job performance as a nurse.

Of the 119 respondents who would seek an exemption, 50 (43%) reported that they had no physical/mental disability that would affect their job performance. Further data analysis of several variables for this group of 50 RANCs, including nursing competence, personal responsibilities, licensure status, and current practice status did not distinguish them from the overall sample. The majority held a valid nursing license (84%), few were no longer licensed (4%); most worked full or part time in nursing (55.1%) although a large percentage (42.5%) were not planning to practice nursing; and reported they would feel competent within six weeks of a refresher course and orientation.

However, the exemption-seeking subgroup differed from the overall population on the subject of personal responsibilities. Only 15% of the total respondents identified that they would seek an exemption because of difficulty in making arrangements for minors and/or adult dependents. Of the exemption-seeking subgroup, 40.8% indicated dependent responsibilities would be a reason to seek exemption from recall. In addition, personal concerns, other than dependents, would cause more than half (51%) of the sub-group to seek an exemption in the event of a recall. In contrast, only 12.8% of the total

sample indicated such concerns would precipitate such a request.

(2) **Nurse Anesthetist Subgroup.** Anesthetists comprised 23% (n=121) of the total respondents. Tables 22 through 28 contain data relevant to this subgroup.

Maintaining skills is important if retired anesthetists were to be recalled to active duty. Tables 23, 26, 27, and 28 report current work status and perceived competency data. Of particular note, 90% of anesthetist respondents maintain a valid nursing license, and 71% remain certified to practice anesthesia. The majority have been practicing since retirement (77.2%), plan to continue to do so until age 60 (72.3%), and (66.2%) perceive their current nursing capabilities to be at the highest of levels, including their competency using various anesthetic modalities and to practice in a field environment (Table 28). However, a one way analysis of variance demonstrated a significant relationship ($F=15.0$, $df=1/115$, $p=0.0001$) between the number of years retired and the anesthetists' perceptions of overall professional competency. As the years since retirement increased, the self-perception of competency significantly decreased.

Twenty-six (21%) of the anesthesia subgroup members indicated they would seek to be exempt from recall, 73% (19) of whom reported good to excellent health and no condition which would impede their ability to function in a nursing role. Of those able to function professionally and physically, by far the variable accounting for the highest exemption-seeking behavior was the difficulty in making arrangements for minors or adult dependents (n=8, 50%). No reason for seeking exemption could be determined for the remaining anesthetists (Figure 36).

d. **Written Comments on Mobilization and the Survey.** Content analysis was conducted on the more than 600 written responses. Nearly half (46.2%, n=266) of the 576 RANCs responding to the survey chose to offer narrative comments on mobilization (Table 29); 23.8% (139) addressed the questionnaire/survey itself (Table 30). Some respondents chose to make more than one comment in each of these sections (69.2% mobilization; 29.2% questionnaire/survey).

NOTE: Before proceeding, the reader is advised that quoted responses are perceived to reflect individual comments pertaining to a specific section and are not to be construed to reflect the majority opinion.

(1) **Questionnaire/Survey Comments.** The majority of comments were positive regarding the questionnaire itself. Only three comments reflected concern about confidentiality of responses. The major criticism was the ambiguity of items in distinguishing if the term "professional role" was

intended to mean clinical, educational, or administrative. Respondents disliked the implied emphasis of the questionnaire on clinical vs administrative competency, especially since most of the retirees had held administrative positions during their last active duty years. In addition, some indicated that since there is "life after the Army," queries should have been made into other areas of expertise, not necessarily within nursing. Representative comments follow:

"Most ANC officers retired from administrative positions, yet this questionnaire implies RANC officers would be functioning in clinical nursing positions, i.e., staff nurse Most RANC officers have not done bedside nursing since they were captains."

"Most questions appear geared to bedside or 'hands on' nursing While the basics are not forgotten, one must consider that, prior to retirement, all or 99% of ANCs had been in administrative positions"

". . . questionnaire is geared to pinpoint nursing experience, however, (it) does not allow for other education and experience gained outside of nursing which could be used in an administrative position in health service."

". . . (you should have asked) what professional activity or employment other than nursing, the RANC might be . . . involved in . . . (this) could have some significance"

In addition, respondents suggested other areas which might have been covered by the questionnaire:

- more specific health issues, e.g., alcoholism, pregnancy, and querying the status of cited current health problems;
- more detailed disability information, including the status of disabled retirees and disability ratings from other sources such as federal civil service, or the VA;
- current financial concerns/business status, including responsibilities to present employers;

- and expectations of the retiree in terms of rank, salary, allowances, duty specifics, career changes.

Tangentially related to the comments about the survey itself were issues of its (the survey's) role in communicating with RANCs, and of communications in general. Interspersed within these comments were concerns about being forgotten and/or appreciation for NOT being forgotten. To illustrate:

"... Thanks (for keeping in touch) ... now I do not feel completely ... forgotten."

"As a new retiree ... this (questionnaire) is the first communication (received) from the Army It's a terribly lost feeling after years of involvement"

Some comments inquired about the intent of the study and requested notification of the results:

"How will the questionnaire (results) be used?"

"Will this (the study) help communicate with ANC retirees in the future?"

"I would appreciate a summary of (your results) when completed."

For some, the questionnaire raised concern that recall was being planned:

"This survey has again raised my anxiety level."

For others, it helped to reidentify the potential of mobilization:

"What a shock! The thought of possible recall has shakened [sic] my self-complacency. Thanks"

"... Thank you for the questionnaire I shall attend more to exercising."

The lack of communication, its relation to, and implications for mobilization readiness was a recurring theme. Moreover, there were a number of questions asked about recall and mobilization readiness which may reflect confusion and misinformation in these areas:

"I would appreciate some contact with the mobilization assigned area My instructions were not to contact them -- they would contact me if necessary."

"(I) would like more communication from (the) ANC as to (what is expected) from retired nurses."

"(There needs to be) a pre-retirement advise/suggestions to ensure RANCs will maintain licenses and clinical skills so they will be useful and competent if recalled."

"I want to know if RANCs retired with physical disabilities are subject to recall."

"I feel I have been given little or no information on mobilization other than an assignment 1500 miles from my home. What arrangements have been made for travel of RANC and dependents, housing, food, uniforms, etc.?"

In addition, officers requested frequent updates through the establishment of a regular system of communication:

"I would like to see opportunities made available to keep us informed on current issues, trends, policies, practices, etc."

"I would appreciate some followup, such as suggestions on how we could keep more abreast of changing military requirements"

"A periodical updating of RANC officers would be beneficial regarding current army policies, training, thoughts, etc."

One retiree suggested:

"Perhaps, since we are a unique and small Corps there could be a bulletin or newsletter . . . about readiness and our part in it . . . (to) bring it closer to our thoughts If we have occasion to think about it we may stay better prepared."

Another retiree suggested mobilization topics be placed on the agenda for the 1986 Retired Army Nurse Corps Association convention.

(2) Mobilization Comments. The single largest group of comments involved attitudes, observations, concerns, and questions pertaining specifically to mobilization. The second largest cluster addressed competency, retraining, and recall criteria issues. The positive comments regarding recall outweighed the negative. To a lesser degree, there were comments on dependents and reassignment issues, rank, pay and allowances, uniforms, and physical fitness.

Most positive comments reflected the willingness to be mobilized as a way of serving the country in time of need, regardless of hardship or disability:

"I believe if we are to be on a recall list we should be prepared at all times. I would gladly come anytime you need me."

"No one who has started a second career, as I (have), would find it easy to return to active duty. I would, of course, out of love for my country"

"I am going overseas with my (family) If I were recalled now, it would take a while to get back to the USA and my assigned station, but I would make it."

"In case of severe emergency for this country, of course, I would try to work around my medical disabilities. I would be happy to serve"

Conversely, some negative comments reflected: opposition to the general concept of mobilization and the feeling that obligations had been met with active duty service; career changes and/or disenchantment with nursing; and

resentment towards the government regarding several key issues: 1) forced retirement due to promotion pass over or USAR status; 2) perceived inequities in civil service laws that, in essence, discourage practice in government related medical facilities (military or VA); and 3) perceived threats to existing retirement benefits:

"Recall is an absurd concept . . . You either are or are not in the military. If you have earned your retirement and are terminated, you should be considered a civilian."

". . . (I) have strong, negative feelings about retirees MANDATORILY RETIRED being placed on (a) recall list; especially when (the) officer wanted to be retained, but was not given the opportunity"

"As a retired RA officer I feel that I am a small group that is discriminated against regarding federal employment. If restriction for one, there should be the same restriction for all"

"One talks of recall and update with one hand . . . while . . . gradually taking back the so called 'bennies' with the other"

"I (have worked) in a completely different field for the past nine years . . . Nursing would be a strain to come back to"

Concern over clinical preparedness was the second major focus of the written comments regarding mobilization. Among the multiple subissues which surfaced were the current clinical competency level of nurses no longer in clinical practice, assessment and tracking of professional competency, and the need for programs to regain clinical skills. Representative comments of the three sections follow:

"The spirit is willing . . . the patriotism still strong . . . the pride in the ANC unchanged . . . but after 11 years of total retirement with no involvement of any kind with nursing (and with no license to nurse since retirement), (I feel I) would be a liability, not an asset, to a proud and PROFESSIONALLY COMPETENT ANC mobilization program."

"Before my retirement from clinical anesthesia practice and the ANC, I would not have believed how rapidly and totally one's knowledge base and technical skills are depleted. This, coupled with the almost exponential increase in drugs, techniques, and technology would make any CRNA who has not been DIRECTLY involved in clinical practice a liability and no asset to a surgical team."

"If the individual is subject to recall until age 60 . . . basic inquiries every two years should be done to ascertain individual capabilities at that time."

"Regarding determination of professional competency . . . all of this has to be related to MOS/mobilization assignment"

". . . the most critical area to address is the need for nonworking nurses to be updated clinically first, then administratively. Perhaps a test like the NCLEX could be given, and then, based on the individual results, nurses could receive the appropriate level of clinical refresher"

"Any RANC's readiness for mobilization depends, to a large extent, on whether he/she maintained any interest in nursing. Most of those who have not would need a lot of refreshing and updating, but I think we would soon be able to function reasonably well. However, I feel that individual evaluation of performance should be done to determine the RANC's ability to practice safely."

". . . having been present in (the) call up of reserve units during the Berlin Crisis 1961, I think some sort of probationary period should be set up to determine competence of those recalled"

In the same manner, training for mobilization was given considerable attention, to include whether the training be voluntary or compulsory:

"If recall is to be mandatory, so should training for it . . ."

". . . would like to have voluntary MOBDES training with pay implemented or voluntary annual training for RANCs at Ft Sam Houston"

Suggested training strategies included conferences, didactic and clinical courses at military installations such as Ft Sam Houston, field exercises specifically for RANCs or with local reserve units. Other suggestions included attendance/audit (with active duty forces) at current Army, AMEDD, and ANC courses, monthly or annual training with local reserve units, quarterly or semi-annual training at the facility identified in mobilization orders:

"It seems when one retires, the Army retires you. Why not let the retired person go 2 weeks a year active duty & remain proficient if he so desires."

"If any program is designed to re-orient potential recallers, it should be done on a regional basis."

"Is there any possibility of public law changes which could allow retirees to stay active as a reservist? I would be interested in attending monthly 'drills.'"

". . . periodic readiness training, ongoing training with a local reserve unit, conferences at military installations, field exercises, and correspondence courses would sure help."

Travel and pay reimbursement, and uniform procurement were raised as readiness training was addressed by various retirees.

Associated with readiness and competency issues were concerns expressed regarding utilization, duty positions, and professional roles in the event of recall. The major source of the concerns would appear to be currently perceived levels of clinical proficiency. Again, respondents noted a greater tendency towards administrative/managerial positions in the years immediately preceeding retirement, with subsequent lessening of "bedside" skills.

Another area of considerable comment was the selection criteria currently in operation for determining recall status. Many felt age, years since

retirement, and health status were, in themselves, insufficient parameters. Suggested alternatives would consider these factors in conjunction with levels of clinical preparedness, the functional nature of any current practice, physical stamina, and motivation or attitudes toward recall. Additionally, it was suggested that factors such as family commitments should be included in recall criteria. Several comments identified the need for developing an ongoing monitoring or tracking system for each RANC.

Closely related to recall criteria were problems cited by individuals reporting disabilities. Several indicated that despite serious disabilities and extensive profiles, they continued to be placed on the recall roster, and had received "hip pocket" orders. Poor communication and the absence of an effective logging system were cited as the reason for this persistent problem.

4. DISCUSSION

Retired members of the Army Nurse Corps comprise a valuable potential asset in the event of mobilization. This study has sought to profile their attributes, opinions, and concerns regarding recall to active duty. The response rate to the questionnaire of almost 90% indicates the interest and loyalty of the group. Obviously the retirees have something to say and want to be heard. Their patriotism and continued loyalty to the Army and the Corps is reflected in their overwhelming willingness to answer the call to mobilize (75.4%). Only a small percentage would seek exemptions. Yet, while 85% of the respondents could report to duty within 10 days, 43.5% of the respondents would "prefer not" to be recalled. This finding is not incongruent, nor unexpected; for a large number, mobilization is expected to be a difficult experience. Retirees are aware that if they are mobilized, the nation is in a state of emergency. These members retired either because they wanted to or because they had no choice due to age, length of service, promotion passover, medical reasons, or because of their service component. New life styles have been established. However, while some would prefer not to be recalled, that does not infer they would not respond. The data suggest RANCs would want, and expect, to be recalled, and would serve with pride, a sense of responsibility, commitment and dedication to the Corps, the US Army, and to the nation.

A review of the profile of the "modal RANC" demonstrates the wealth of experience and readiness. Yet, further analysis suggests cognitive dissonance between the willingness to return and the concern that clinical preparedness might not be of the caliber necessary to competently function as a nurse in a mobilization setting.

The greatest influence on perceived preparedness for recall appeared to be the length of retirement; the longer retired, the greater the perception of lessened capability as a nurse. Serious consideration must be given to the utilization of the retired officers should they be recalled. The large majority are senior officers who have not practiced bedside nursing for several years. At the time of retirement, most nurses were in middle to high level management positions; areas where they feel most competent. While respondents did not voice an overwhelming negative attitude toward clinical

practice, they send a message to the Corps identifying the need to update skills and suggesting several ways for skills and knowledge to be upgraded or maintained.

RANCs are a proud group who, in most cases, left the Army at the zenith of their professional careers. Along these lines, respondents' addressed the issue of the Army's obligation to assist them to keep current and proficient. Many are concerned that they could not participate in Reserve functions and activities; they feel cut off from the Army with no official contact from the Corps, Reserve components, or the facility to which they were to report in the event of a mobilization. The clear mandate from respondents and existing imperatives for ongoing readiness training compels the development of programs either on a local MTF level for region retirees, or at the command level for dissemination to "hip pocket order" sites. Uniforms, regulations, and clinical practices have changed since many left the army. How they would be reoriented needs thoughtful consideration.

A major complaint voiced by the majority of respondents was the absence of regular communication with the Corps and/or the Army. Although virtually all RANCs were in possession of "hip pocket" orders, few had had any contact from their designated facility. With ARPERCEN recently reporting that 12% of all "reserve component" personnel on file in St. Louis are retirees it would appear as if the numbers warrant a more established mechanism of communication not only to disseminate information, but also to monitor and periodically reassess, on an individual basis, the educational needs and current competencies of retirees regardless of corps affiliation. In addition to individual criteria suggested by retirees, attendance at various training programs could serve as parameters for assessment. In the event of recall, a current file and ranking system would expedite duty assignment decision making.

Of the one-fifth of the population who indicated they would seek to be exempt from recall, over one-half indicated health reasons. For those in good to excellent health, responsibilities for dependents and other personal matters such as jobs and businesses seemed to dominate as reasons to seek exemptions. Reasons were not mutually exclusive, therefore some individuals are likely to have indicated more than one reason for seeking an exemption. Concomitantly, the terms "healthy," "medical retirement," and "disability" are not necessarily referring to the same condition in each retiree's mind. One can be "healthy" by one's own definition, yet still have a disability (such as a hearing loss) which might affect the ability to perform as a nurse.

The nurse anesthetists' responses varied little from the general population of respondents in their exemption-seeking rationale. However, many of the skills for which this group was trained in the military, such as regional blocks, are tasks not performed since retirement. Hence, this is an area which would require refresher sessions.

A secondary purpose of the questionnaire, notwithstanding the need for the data, was to provide questions and information to RANCs which might cause them to personally reflect on their mobilization readiness. As the data indicated, over 60% of the respondents found the questionnaire to have successfully met this purpose.

Finally, in excess of 600 write-in comments were obtained in addition to the closed-ended questions; two stick in the investigators' minds. The first was from a retiree whose questionnaire had to be eliminated because she was over 70 years old. However, her comments were memorable. She stated, "Even though I'm probably too old for recall, believe me I'll be there if you need me for anything." The second individual's comments, although laced with humor, also demonstrated commitment, stating: "Contrary to popular belief, all of us retirees are not fat, lazy, incompetents sitting on the front porch sipping Bloody Marys while we wait for the postman to deliver our checks. We know we are subject to recall and are keeping ourselves physically and professionally in shape."

Retired Army Nurse Corps officers remain a committed group of professionals, willing to do their "best" when the call comes. In turn, the military shoulders an equal responsibility to provide the information and to plan for their transition back into "Army life."

5. RECOMMENDATIONS.

a. A periodic survey such as this should be considered on a recurring basis to monitor changes over time and to evaluate differences in attitudes pursuant to policy changes.

b. Communications with the RANCs need to be increased as the retirees perceive them to be inadequate. Several mechanisms are available including an annual letter from the Chief of the Corps, for example, on the anniversary of the Corps' founding. Chief nurses, at installations where RANCs are to report in the event of mobilization, might maintain a roster of retired ANC members in their area and include them in newsletters, social functions, and continuing education offerings. Obviously, the "open-house" held at most posts once a year is not seen as sufficient. These open house functions tend to be more social than substantive.

c. Since they may be mobilized, most RANCs desire to maintain some contact with the Army, regulations and laws need to be examined to facilitate their readiness posture. As noted, regulations preclude those who would wish to from participating in Reserve functions. Perhaps retirees eligible for recall should be allowed to draw their retirement benefits, but be maintained in a special category of "ready reserves." Or, as some suggest, perhaps a periodic recall to active duty for a two week period of time every other year would be appropriate. If retirees are expected to maintain licensure, should they not, in return, be able to expect that continuing education offerings would be facilitated or provided for them.

d. One point of contact at ARPERCEN should be designated to monitor the status of retiree members. This has the potential to enhance the timeliness of recall, insure appropriate utilization of retirees with necessary skills, and facilitate efficient processing of retirees back into the active force.

e. Finally, it is recommended that studies of this nature be replicated for all AMEDD corps retirees to determine requirements for other health care professionals.

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AN AID TO DATA INTERPRETATION

NOTE: Questions preceded with an asterisk (*) indicate "Multiple Response" items; i.e., questions to which respondents were requested to select all applicable responses. The "n" of multiple response questions refers to the number of RANCs selecting that specific response; data reported as "%" refer to the percentage of all subjects who answered the question and who selected that specific response. Therefore, total percentages may be greater than 100%, indicating respondents chose more than one response.

EXAMPLE: Appendix A, Section 1, Question 18.

18. Have you ever had combat field experience (e.g., Vietnam, Korea, etc.), in the following capacities? (Circle all that apply).

	n	%
TOTAL RESPONDENTS = 567		
Clinical Staff Nurse	142	25.0
Clinical Head Nurse	163	28.7
Supervisor	192	33.9
Anesthetists	100	17.6
OR Nurse	61	10.8
Assistant Chief Nurse	76	13.4
Chief Nurse	64	11.3
No combat field experience	150	26.5
In a field unit, but not in combat	84	14.8
Enlisted personnel	2	0.4

INTERPRETATION: Of the 567 RANCs answering this question, 142 served as clinical staff nurses; 25% of the 567 respondents answering Question 18 served as clinical staff nurses.

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APPENDIX A
Survey Questionnaire

INSTRUCTIONS

It is neither the intent nor will it be possible to identify any one individual's responses in the aggregate report. Do not place your name or any identifying information on the questionnaire. You will see a number in the lower left hand corner of the envelope enclosed for return of your questionnaire. This number is merely to enable a clerk to remove your name from a list so that you are not bothered by follow-up questionnaires and repeated mailings. Should you desire for any reason not to participate, please return the uncompleted questionnaire in the provided envelope. The principal investigator will only receive your questionnaire after the clerk has removed it from the envelope. This is to ethically meet the requirements of the Privacy Act of 1974. Completion of the questionnaire will be considered your consent to participate.

This questionnaire consists of six major sections, and at the conclusion, a number of open-ended items. Please answer each item, as instructed, either by circling the numbered response code(s) that corresponds with your answer or by writing in the information requested. Do not skip any items unless specifically instructed to do so. (** Disregard the numbers in the "keypunch" column.)

```
*****
*
*      Example:      Are you a retired Army Nurse Corps Officer (RANC)?      *
*
*      Yes. . . . . 1      *
*
*      No . . . . . 2      *
*
*      (If "No", please return questionnaire without completing.)      *
*
*****
```

SECTION 1

MOBILIZATION READINESS

"Recall" in this study is defined as the immediate mobilization of all eligible retired ANC officers (RANCs).

This section deals with your opinions and requirements about various aspects of mobilization. Please answer all items as indicated.

1. Prior to this survey, were you aware that in the event of a declaration of war or national emergency, you are subject to recall until age 60? (Circle one.)

Yes 1

No. 2

2. Since retirement from the ANC, have you received a mobilization designation ("hip pockets orders")? (Circle one.)

Yes. 1

No 2

If no, skip to question 3, page 2.

		MISSING	
		n	%
		CASES	
		(Figure 16)	
		2	
Yes	1	538	93.7
No	2	36	6.3
		(Figure 17)	
		2	
Yes	1	459	80.0
No	2	115	20.0

If yes to question 2, have you had any communication with your designated facility? (Circle one.)

- Yes, written and/or telephonic communication. 1
- Yes, visited the facility 2
- Yes, written/telephonic communication and visited facility. . . 3
- No. 4

n % MISSING
CASES

(Figure 18)
138

95 21.7

14 3.2

6 1.4

323 73.7

*3. How do you currently keep in touch with ANC/Army happenings?
(Circle all that apply.)

(See Appendix B,
Figure 19 for data)

- Member of Retired ANC Association 1
- Read RANCA newsletter ("The Connection"). 2
- Communications received from retiree center.
(Reserve Personnel Center-RPERCEN). 3
- Read "Army Echoes" (USA Finance and
Accounting Center). 4
- Army Times. 5
- Reunions/get togethers/telephone contact with
retired and active duty ANCs. 6
- Briefings given by active duty Army personnel
(e.g., Annual Open-house) 7
- Don't have any means of keeping in touch. 8
- Other (Please specify.) Professional military organi- 9
zation, e.g., "don't wish to"
"none of the above"

4. What do you feel is a realistic upper age limit for recall of RANCs? (Circle one.)			MISSING CASES	
			(Figure 20)	
			1	
Up to age 45	1	11	1.9	
Up to age 50	2	75	13.0	
Up to age 55	3	130	22.6	
Up to age 60	4	177	30.8	
Over 60 years (as long as functional).	5	158	27.5	
At no time	6	14	2.4	
No opinion	7	10	1.7	

5. What do you feel is a realistic time limit for recall of retired ANCs? (Circle one.)			(Figure 21)	
			4	
Within 5 years after retirement	1	153	26.7	
Within 10 years after retirement.	2	189	33.0	
Within 15 years after retirement.	3	61	10.7	
Within 20 years after retirement.	4	19	3.3	
Any time after retirement	5	111	19.3	
No time	6	24	4.2	
No opinion.	7	15	2.6	

6. If there was a recall of RANCs today, how much training would you need in order to feel professionally competent to assume a duty position in your area of nursing practice? (Circle one.)

	n	%	MISSING CASES
An orientation of 1-2 weeks	1	256	44.8
At least 2-4 weeks of orientation	2	82	14.3
Completion of a 2 weeks refresher course and 2-4 weeks of orientation.	3	134	23.4
An extensive refresher course, extensive orientation and on the job training as needed . . .	4	69	12.1
I don't believe I could function as a nurse	5	29	5.1
"none needed"	2		
Other 2 "I am current ??"			.3

(Figure 35)
4

7. How competent would you feel serving as an on-the-job (OJT) instructor providing training in your specialty? (Circle one.)

Very competent.	1	212	37.0
Fairly competent.	2	194	33.9
Questionably competent.	3	102	17.8
Not competent at all.	4	65	11.3

(Figure 34)
3

8. Since your retirement from the ANC, have you had any opportunities for mobilization readiness training in a military setting? (Circle one.)

Yes	1	11	1.9
No	2	565	98.1

(Figure 23)
0

9. If opportunities were provided for periodic readiness training, would you be interested in participating? (Circle one.)

Definitely yes.	1	178	30.9
Probably yes.	2	178	30.9
Probably no	3	116	20.1
Definitely no	4	104	18.1

MISSING
CASES
(Figure 24)
0

10. If opportunities were provided for ongoing training with a local Reserve Unit would you be interested in participating? (Circle one.)

Definitely yes.	1	136	23.7
Probably yes.	2	172	29.9
Probably no	3	141	24.5
Definitely no	4	126	21.9

(Figure 26)
1

*11. What type(s) of programs do you believe the Army should provide to maintain the preparedness of RANCs? (Circle all your choices.)

- Periodic training with local reserve unit 1
- Periodic refresher correspondence course. 2
- Periodic classroom courses. 3
- Periodic conferences at a military installation 4
- Periodic civilian refresher courses given where
retirees are located 5
- Periodic field training exercises 6
- Periodic "hands on" clinical experience at an
Army Medical Treatment Facility. 7
- Periodic "hands on" clinical experience in a civilian
facility where retirees are located. 8
- Newsletters updating retirees on organizational
policies/Army doctrine/advances in nursing
practice. 9
- Don't know/No opinion 10
- None/Not necessary. 11

12. Would you expect to be compensated for training in any of the above suggested programs? (Circle one.)

- Yes 1
- No. 2
- Other (Please specify.) _____ 3
- e.g., CEU's, travel, housing, promotions points
wouldn't come, interfere with civilian job

(See Appendix B, Figure 25 for Data)

n	%	MISSING
		CASES
		(Figure 29)
		1
412	71.7	
104	18.1	
53	9.1	
6	1.1	

*13. In the event of a recall, reorientation should focus on:
(Circle all your choices.)

- Clinical/technical skills 1
- Organizational relationships. 2
- Pathophysiology 3
- Nursing assessment/diagnosis. 4
- Clinical documentation. 5
- Standards of practice 6
- Quality Assurance 7
- Changes in Army doctrine/regulations. 8
- Don't know. 9
- No opinion. 10
- Other (Please specify) _____ 11

(See Appendix B, Figure 27
for Data)

*14. In the event of a recall, how should the professional
competency and skills of RANCs be determined?
(Circle all your choices.)

- "Paper and pencil" exam 1
- Clinical skill verification 2
- Classroom refresher course. 3
- Clinical refresher course 4
- Assessment of professional competency/skills
not needed. 5
- Don't know. 6
- No opinion. 8
- Other (Please specify.) current license and recent 9
nursing activity

(See Appendix B, Figure 28
for Data)

Self assessment

other (depends on position/personal interview)

15. It is understood that during mobilization most nurses would be needed in the areas of medical/surgical, operating room, and anesthesia. However, if all specialties were utilized, in what clinical specialties would your abilities be best utilized? (Rank order your first three preferences. Write the response code of your first three choices.)

		Response Code
Community Health Nursing.	1	
Psychiatric/Mental Health Nursing	2	<input type="checkbox"/> (Code # of 1st Choice)
Pediatric Nursing	3	
Obstetrical/GYN Nursing	4	
Operating Room Nursing.	5	<input type="checkbox"/> (Code # of 2nd Choice)
Anesthesiology Nursing.	6	
Medical/Surgical Nursing.	7	
Critical Care Nursing	8	
Emergency Room Nursing.	9	<input type="checkbox"/> (Code # of 3rd Choice)

16. In the event of a recall, in what type of functional roles (duty positions) would your abilities be best utilized? (Rank order your first three preferences for duty assignment. Write the response code of your first three choices.)

		Response Code
Staff Officer	1	<input type="checkbox"/> (Code # of 1st Choice)
Executive Level Administration/Management . . .	2	
Middle Management (i.e., Head Nurse/ Section Chief	3	
Clinical Staff.	4	<input type="checkbox"/> (Code # of 2nd Choice)
Clinical Nurse Specialist	5	
Nurse Practitioner.	6	
Instructor.	7	
Other (Please specify.) _____	8	<input type="checkbox"/> (Code # of 3rd Choice)

n % MISSING
CASES

(See Appendix C, Table 1)

(See Appendix C, Table 2)

(See Appendix C, Table 3)

(See Appendix C, Table 5)

(See Appendix C, Table 6)

(See Appendix C, Table 7)

17. Several retired ANCs are no longer licensed. In the event of a recall, how should unlicensed RANCs be utilized? (Circle one.)

In clinical practice, the same as those who are licensed. . . . 1	139	24.7
As 91C (Corpspersons) 2	60	16.7
In a non-nursing role 3	149	26.5
Don't know. 4	95	16.9
No opinion. 5	47	8.4
Other (Please specify.) <u>not at all/no recall</u> 6	29	5.2
<u>maintain/regain license</u>	21	3.7
<u>non-clinical nursing</u>	22	3.9

MISSING
CASES

14

n %

n %

*18. Have you ever had combat field experience (e.g., Vietnam, Korea, etc.) in the following capacities? (Circle all that apply.)

Clinical Staff Nurse. 1	142	25.0
Clinical Head Nurse 2	163	28.7
Supervisor. 3	192	33.9
Anesthetist 4	100	17.6
OR Nurse. 5	61	10.8
Asst Chief Nurse. 6	76	13.4
Chief Nurse 7	64	11.3
No combat field experience. 8	150	26.5
In a field unit, but not in combat. 9	84	14.8
Enlisted personnel	2	0.4

Total Respondents = 567

19. Have you ever been a Chief Nurse or Assistant Chief Nurse in a fixed Army Medical Treatment Facility? (Circle one.)

Yes. 1	223	39.1
No 2	347	60.9

MISSING
CASES

6

n %

SECTION 2:

PROFESSIONAL DATA

each item as instructed either by circling the numbered response codes(s) that corresponds with your answer or by writing in the information requested. Do not skip any items unless specifically instructed to do so.

*1. Identify all the educational degrees you have obtained including your basic nursing education. (Circle that all apply.)

Hospital Diploma.	1
Associate Degree in Nursing	2
Bachelor of Science Degree <u>in Nursing</u>	3
Bachelor's Degree - <u>Non-nursing</u>	4
Master's Degree	5
Doctoral Degree	6

n	%
---	---

Total Respondents=574

463 80.7

22 3.8

306 53.3

86 15.0

190 33.1

15 2.6

*2. From the list of nursing and military career courses provided below, write in the last two digits of the year you completed each of the courses.

a. Nursing:	Year of Completion	
Anesthesiology for Army Nurse Corps Officer.	<input type="text"/>	<input type="text"/>
Community Health/Environmental Science (Army Health Nursing).	<input type="text"/>	<input type="text"/>
Intensive Care	<input type="text"/>	<input type="text"/>
Operating Room Nursing	<input type="text"/>	<input type="text"/>
Nurse Practitioner, Pediatrics	<input type="text"/>	<input type="text"/>
Nurse Practitioner, Psychiatry & Mental Health	<input type="text"/>	<input type="text"/>
Nurse Practitioner, Ambulatory Care.	<input type="text"/>	<input type="text"/>
Nurse Practitioner, Obstetrics and Gynecology.	<input type="text"/>	<input type="text"/>
Nurse Midwifery.	<input type="text"/>	<input type="text"/>
Other (Please specify.) <u>Environmental health/infection control</u>	<input type="text"/>	<input type="text"/>

n	Mean Years Since Completion	Sd	Range in Years
---	-----------------------------	----	----------------

127 21.5 6.1 11-41

16 15.0 6.8 3-25

28 13.3 7.3 1-26

67 22.7 5.8 8-36

5 11.4 7.4 5-23

22 16.1 6.1 7-27

16 10.6 1.2 7-27

6 25.5 10.6 6-35

1 20.0

40 17.1 17.0 6-33

Advanced Practice course
Baylor hospital admin program
Additional skills course

b. Military:

	Year of Completion	n	Mean Years Since Completion	Sd	Range in Years
ANC Basic Course.		424	25.1	6.4	7-36
AMEDO Officer Advanced.		303	17.8	4.9	5-30
AMEDO Officer Clinical Head Nurse		39	17.4	7.9	4-30
Chief Nurses Orientation.		109	9.8	4.8	1-27
US Army Command and General Staff College		21	7.5	3.8	3-18
US Army War College		3	9.3	1.5	8-11
Other (Please specify.) e.g., US Navy Basic Management MA Casualty		26	12.7	6.3	3-27

3. What jurisdiction do you consider to be your legal residence?

STATE CODES													
01 = AL	09 = DE	17 = IA	25 = MN	33 = NM	41 = PR	49 = VI	02 = AK	10 = DC	18 = KS	26 = MS	34 = NY	42 = RI	50 = WA
03 = AZ	11 = FL	19 = KY	27 = MO	35 = NC	43 = SC	51 = WV	04 = AR	12 = GA	20 = LA	28 = MT	36 = ND	44 = SD	52 = WI
05 = CA	13 = HI	21 = ME	29 = NE	37 = OH	45 = TN	53 = WY	06 = CO	14 = ID	22 = MD	30 = NV	38 = OK	46 = TX	54 = US Terr.
07 = CT	15 = IL	23 = MA	31 = NH	39 = OR	47 = UT	08 = CT	16 = IN	24 = MI	32 = NJ	40 = PA	48 = VT	WRITE NUMBERED RESPONSE CODE IN BOX	

* * * * *
 * The following questions pertain to your RN license. If you are licensed in *
 * more than one state, select only one license to describe your status. *
 * * * * *

4. What is the current status of your nursing license? (Circle one.)

- I am no longer licensed in any state. 1
- I hold an inactive license. 2
- I hold a current and valid license. 3

n	%	(Figure 6)
40	7.0	
47	8.2	
487	84.8	

If currently licensed:

Response Code

Expiration Date

State of licensure (Refer to the above list of state codes and write the number.)

Month

Year

Do you plan to renew your license when it expires? (Circle one.)

Yes 1

No 2

Undecided 3

421	90.0	
13	2.8	
34	7.3	

(Figure 7)

5. Are you currently certified in Cardio-pulmonary Resuscitation? (Circle one.)

Yes 1

No. 2

6. Are you currently certified in Advanced Cardiac and/or Trauma Life Support? (Circle one.)

Yes 1

No. 2

7. Including your years of service in the ANC, how many years have you practiced nursing?

Years		
-------	--	--

MISSING CASES		
n	%	
(Figure 10)		
236	41.0	1
339	59.0	
(Figure 10)		
47	8.3	9
520	91.7	
Mean Years	Sd	Range in Years

8. Since your retirement from the ANC, which of the following would best categorize your nursing practice? (Circle only one.)

- Full time 1
 Part time 2
 Volunteer 3
 Have not practiced nursing professionally . . . 4

If you have not practiced nursing since retirement, skip to Question 13, page 15.

9. Since retirement from the ANC, how many years have you worked for pay as an RN? (Circle one.)

- Less than 1 Year. 1
 1-5 years 2
 6-10 Years. 3
 More than ten years 4

25.56	6.21	(Figure 8) 1-40
n	%	MISSING CASES (Figure 10) 2
228	39.7	
75	13.1	
26	4.5	
245	42.7	
87	24.3	
160	44.7	
80	22.3	
31	8.7	

A10. Since retirement from the ANC, how many years have you practiced nursing in each of the following areas? (Indicate to the nearest year, the number of years of post-retirement civilian experience you have had in each area that applies.)

		Years	
Example:	OB/GYN (including midwifery)	0	2

	Years	
Medical/Surgical		
Critical Care/Emergency Room		
Pediatrics		
Gerontology.		
OB/GYN (including midwifery)		
OR		
Anesthesia		
Psychiatry/Mental Health		
Rehabilitation		
Community Health		
Nurse Practitioner		
Ambulatory (Clinics)		
School Health.		
Administration/Supervision		
Education (Teaching)		
Research		
Other (Please specify.) <u>Agency/consulting/self emp/</u> <u>private pct</u>		

n	Mean Years	Sd	Range in Years
75	4.0	3.8	1-21
24	3.4	2.5	1-10
16	1.5	1.3	1-5
26	2.5	2.1	1-9
11	3.1	2.3	1-7
31	3.5	3.1	1-12
84	2.0	3.3	1-7
44	4.7	6.0	1-30
17	2.3	3.3	1-13
23	4.5	6.2	1-23
15	3.4	3.2	1-10
13	2.1	1.3	1-4
9	4.4	4.7	1-14
61	4.5	3.9	1-20
46	4.4	3.6	1-19
8	1.5	1.6	1-5
4	4.0	6.1	3-13

*11. Since retirement from the ANC, in what type(s) of facilities/environments have worked? (Circle all that apply.)

	n	%
Total Respondents=316		
Acute Care Hospital (more than 250 beds)	1	121 38.3
Acute Care Hospital (less than 250 beds)	2	109 34.5
Rehabilitation Hospital.	3	22 7.0
Psychiatric Hospital	4	36 11.4
Nursing Home	5	34 10.8
Community/Public Health Agency	6	33 10.4
Outpatient Clinics	7	33 10.4
School Nursing (elementary/secondary/college).	8	13 4.1
College (teaching)	9	35 11.1
Physician's Office	10	12 3.8
Industrial Nursing	11	13 4.1
Pvt Duty/Nurse Registry.	12	10 3.2
Other (Please specify.)	13	5 1.6
Agency consulting		12 3.9

*12. Since retirement from the ANC, what type(s) of position(s) have you held? (Circle all that apply.)

	n	%
Total Respondents= 316		
Clinical staff nurse	1	109 34.5
Clinical Nurse Specialist.	2	21 6.6
Community/Public Health/School Nurse	3	20 6.3
Nurse practitioner	4	16 5.1
OR	5	25 7.9
Anesthesia	6	78 24.7
Middle Management/Administration (i.e., HN/supervisor).	7	114 36.1
Executive Level Management/Administration (i.e., Director of Nursing).	8	53 16.8
Educator	9	59 18.7
Researcher	10	9 2.8
Other (Please specify.) Volunteer/Student	11	7 2.2

13. At this time, until age 60, to you plan to practice nursing?
(Please select only one response.)

Full time	1	176	31.5
Part time	2	92	16.5
Volunteer	3	36	6.5
Do not plan to practice nursing	4	254	45.5

14. Are you currently certified/credentialed for advanced practice in your specialty area? (Circle one.)

Yes	1	124	22.2
No	2	435	75.5

MISSING
CASES
(Figure 9)
18

17

If YES, please specify name/type of certification
(e.g., CORN, CMW, CNA, etc)

Have you maintained recertification?
(Circle one.)

Yes	1
No	2

Please specify what you do to maintain
recertification (e.g. continuing education
attendance requirement, etc.)

89

15. During the past two years:

(a) How many nursing continuing education programs have you attended?

Number	

\bar{x}	SD	MISSING CASES
5.4	9.7	(Figure 11) 39

(b) How many contact hours for continuing nursing education have you achieved?

Contact Hrs		

\bar{x}	SD	MISSING CASES
32.0	56.1	(Figure 11) 81

(c) Have you maintained membership in any health related professional organization(s)? (Circle one.)

Yes 1

No. 2

n	%	MISSING CASES
276	48.2	(Figure 10) 3
297	51.8	

(d) Have you actively participated in your professional organization(s) (i.e., attended meetings, programs, conventions)? (Circle one.)

Yes 1

No. 2

n	%	MISSING CASES
227	39.8	(Figure 10) 5
344	60.2	

(e) Have you read any professional nursing journals? (Circle one.)

Yes 1

No. 2

n	%	MISSING CASES
426	74.2	(Figure 10) 2
148	25.8	

(f) Have you read any professional nursing books? (Circle one.)

Yes. 1

No. 2

n	%	MISSING CASES
305	53.1	(Figure 10) 2
269	46.9	

THE NEXT SET OF QUESTIONS ARE HIGHLY SUBJECTIVE, BUT PROVIDE INSIGHT.

All of us have varying capabilities for different functions and in different settings. What is important is our perceptions of these capabilities.

Imagine that the ladder to the right (numbered from 1 to 6) represents a continuum of nursing capabilities in either a setting or readiness for field nursing.

Consider "1" on the ladder to represent the lowest level of capability and step "6" to represent the highest level of capability.

Using your own concept of nursing capability/readiness and this ladder, please complete the following statements. If you feel you do not have adequate information to complete any of the items, write "0".

6	(Highest level of capability)
5	
4	
3	
2	(Lowest level of capability)
1	
0	(Information Unknown)

1. Reflecting on my own nursing capabilities, during the last 3 to 5 years of active duty service, I would place myself at. STEP _____

2. In assessing my nursing capabilities today, I would place myself at. STEP _____

3. Reflecting on my RANC colleagues' nursing capabilities, I would place them at. STEP _____

4. In assessing the nursing capabilities today of my RANC colleagues of similar age and background, I would place them at. STEP _____

5. From what I hear and observe, assessing the nursing capabilities of active duty ANCs today, I would place them at. STEP _____

6. My readiness for field nursing during my last 3 to 5 years of active duty service was at. STEP _____

7. In assessing my readiness for field nursing today, I would place myself at. STEP _____

8. My RANC colleagues' readiness for field nursing during their last 3 to 5 years of active duty service was at. STEP _____

9. From what I hear and observe, assessing the readiness for field nursing today of my RANC colleagues of similar age and background, I would place them at. STEP _____

(See Appendix C, Table 10 and Appendix B, Figures 30-33 for Data)

IF YOU ARE NOT A NURSE ANESTHETIST, PLEASE SKIP AHEAD TO PAGE 20.

THIS SUB-SECTION IS FOR NURSE ANESTHETIST ONLY.

If you are/were a nurse anesthetist, please answer the questions in the following subsection on pages 18 & 19.

	Very Competent	Fairly Competent	Questionably Competent	NOT Competent
1. How competent do you believe you would be administering anesthesia in a combat field situation? (Circle one.) . 1	2	3	4	
2. Currently, how competent are you to administer each of the following regional anesthetics? (Circle the numbered response code.)				
Axillary (Brachial Plexus) Blocks. . . 1	2	3	4	
IV Blocks. 1	2	3	4	
Subarachnoid/Spinal. 1	2	3	4	
Epidural Blocks. 1	2	3	4	
3. Currently, how competent are you to administer each of the following types of general anesthetic agents? (Circle the numbered response code.)				
A. Narcotic Agents:				
(a) IV Valium. 1	2	3	4	
(b) Morphine Sulfate 1	2	3	4	
(c) Demerol. 1	2	3	4	
(d) Sublimaze. 1	2	3	4	
B. Relaxant Agents:				
(a) IV Curare. 1	2	3	4	
(b) Anectine 1	2	3	4	
(c) Pavulon. 1	2	3	4	
C. Inhalation Agents:				
(a) Fluothane. 1	2	3	4	
(b) Ethrane. 1	2	3	4	
(c) Forane 1	2	3	4	

(See Appendix C, Table 27 for Data)

SUB-SECTION FOR NURSE ANESTHETIST ONLY (Continued)

Using the American Society of Anesthesiology's Classification of Surgical Cases listed below, how many cases in each category have you handled during the past 12 months? (Write number next to each category.)

(See Appendix C, Table 28 for Data)

CAT 1:

No organic, physiological, biochemical or psychological disturbance. Localized surgery required with no systemic involvement. (e.g., hernia, uterine fibroids)

Number of Cases

--	--	--

CAT 2:

Mild to moderate systemic disease either medically or the reason for the surgical procedure. (e.g., organic essential hypertension, extremes of age such as the neonate or octogenarian, obesity or chronic bronchitis)

--	--	--

CAT 3:

Severe systemic disturbances or disease from whatever cause. (e.g., organic heart disease, severe diabetic heart disease, severe diabetic, mild to moderate pulmonary insufficiency, angina pectoris, or healthy post MI)

--	--	--

CAT 4:

Individuals with severe systemic problems already life threatening. (e.g., organic heart disease with persistent angina, advanced pulmonary disease or hepatic/renal involvement)

--	--	--

CAT 5:

Moribund patient with little chance of survival without surgery which is done in desperation. (e.g., abdominal aneurysm with shock, cerebral trauma with increased intracranial pressure, pulmonary embolism)

--	--	--

THIS COMPLETES THE QUESTIONS FOR ANESTHETISTS ONLY.

PLEASE CONTINUE ON TO THE NEXT PAGE.

SECTION 3:

MOBILIZATION/READINESS ATTITUDES

In the following section your attitudes regarding possible recall are sought. Indicate your feelings about various aspects of mobilization of retired ANCs by circling the appropriate response code for each statement. (Circle only one response for each item.)

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	Missing Cases
1. The Army should require eligible RANCs to be prepared for possible recall	26.4% (n=148)	42.6% (n=239)	19.8% (n=111)	11.2 % (n=63)	15
2. The Army should require eligible RANCs to participate in periodic readiness training	19.1% (n=109)	39.9% (n=224)	27.3% (n=153)	13.7% (n=77)	15
3. The Army has responsibility for keeping eligible RANCs professionally prepared for possible recall. .	23.8% (n=134)	38.0% (n=219)	26.4% (n=149)	11.0% (n=62)	12
4. It is my responsibility to maintain professional competency	38.4% (n=215)	39.5% (n=221)	13.9% (n=78)	8.2% (n=46)	15
5. It is my responsibility to maintain my physical fitness.	48.1% (n=272)	44.2% (n=250)	4.6% (n=26)	3.2% (n=18)	10
6. RANCs (Regular Army) should be subject to recall.	32.3% (n=181)	48.7% (n=273)	10.2% (n=57)	8.7% (n=49)	16
7. RANCs (USAR) should be subject to recall.	26.0% (n=146)	50.8% (n=285)	13.2% (n=74)	10.0% (n=56)	15
8. I would want to be recalled if I were physically capable.	31.3% (n=176)	44.1% (n=348)	16.2% (n=91)	8.4% (n=47)	14
9. Being recalled would be a difficult experience for me.	18.4% (n=103)	26.4% (n=148)	40.7% (n=228)	14.5% (n=81)	16

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	Missing Cases
10. Recall into the ANC would be an important way of serving my country in time of need.	34.9% (n=199)	46.5% (n=265)	12.5% (n=71)	6.1% (n=35)	6
11. My period of active duty should be considered sufficient service to my country without the need for a recall obligation	14.1% (n=80)	19.5% (n=111)	49.1% (n=279)	17.3% (n=98)	8
12. Knowing that I could be recalled to active duty fulfills my sense of duty to my country	17.5% (n=98)	45.3% (n=254)	27.3% (n=153)	10.0% (n=56)	15
13. In the event of recall, I would prefer not to report to duty unless there is no other option	17.8% (n=101)	25.7% (n=146)	41.4% (n=235)	15.0% (n=85)	9
14. In the event of recall, I would seek a waiver to be exempted from recall	10.1% (n=57)	10.6% (n=60)	52.8% (n=299)	26.5% (n=150)	10
15. In the event of recall, I would expect to be assigned to a Military/Civilian Medical Facility (caring for military casualties within 50 miles of my home	29.5% (n=168)	29.6% (n=169)	33.0% (n=188)	7.9% (n=45)	6
16. In the event of recall, RANCs should be assigned anywhere in CONUS and overseas	14.0% (n=80)	29.5% (n=168)	32.3% (n=184)	24.2% (n=138)	6
17. I should be allowed input in the selection of duty position to which I would be assigned in the event of recall	51.4% (n=293)	41.6% (n=237)	5.6% (n=32)	1.4% (n=8)	6
18. I should be allowed input concerning the geographic location of my duty assignment in the event of recall.	47.5% (n=271)	39.1% (n=223)	10.3% (n=59)	3.2% (n=18)	5
19. Until age 60, retirees' salary should be considered a monetary retainer for possible recall rather than a pension	13.5% (n=76)	23.4% (n=131)	31.6% (n=177)	31.6% (n=177)	15
20. All RNs should be subject to the draft.	22.2% (n=127)	26.6% (n=152)	29.6% (n=169)	21.5% (n=123)	5

SECTION 4:

MILITARY BACKGROUND

This section seeks some background information regarding your tenure in the military. Please answer each item as instructed either by circling the numbered response code(s) that corresponds with your answer or by writing in the information requested. Do not skip any items unless specifically instructed to do so.

1. My rank at the time of retirement was: (Circle one.)

Enlisted. 1
 LT/Other. 2
 CPT 3
 MAJ 4
 LTC 5
 COL 6

From the list below, select the number code that corresponds to your primary and secondary SSI/MDS, Proficiency Designator and ASI, at the time of retirement, and write the code # in the boxes.

Code	SSI / MDS	Proficiency Code Designator	Additional Skill Code Indicator
01	= 66A/3430 (Admin)	20 = 9A	30 = 5K
02	= 66B/3431 (CHN)	21 = 9B	31 = 7T
03	= 66C/3447 (Psych)	22 = 9C	32 = 7U
04	= 66D/3442 (Peds)	23 = 9D	33 = 7V
05	= 66E/3443 (OR)	24 = 00	34 = 7W
06	= 66F/3445 (Anesth)		35 = 8A
07	= 66G/3446 (OB)		36 = 8C
08	= 66H/3448 (Med/Surg)		37 = 8D
09	= 66J/3449 (Gen Duty)		38 = 8E
			39 = 8H
			40 = 8J
			41 = 8K
		48 = None	
		49 = Don't Know/Forgotten	

Response Code #

2. My Primary SSI/MDS was:

(See Appendix C, Table 11 for Data)

3. My Secondary SSI/MDS was:

(See Appendix C, Table 12 for Data)

4. My Primary Proficiency Designation was:

(See Appendix C, Table 13 for Data)

5. My Primary ASI code was:

(See Appendix C, Table 14 for Data)

6. My Secondary ASI code was:

(See Appendix C, Table 15 for Data)

MISSING

n % CASES
(Figure 1)

0

8 1.4

32 5.6

108 18.8

334 58.0

84 16.3

7. The year I retired from the ANC. 19 (digits)

8. For pay purposes, I have the following number of years of service: (Years)

9. I served in the ANC for a total of: (Years)

10. I retired from the: (Circle one.)

Regular Army. 1

USAR. 2

AUS 3

Other (Please specify.) 4

SECTION 5: PERSONAL DATA

In this section we are interested in profiling the RANCs today. Please answer each item as instructed either by circling the numbered response code(s) that correspond with your answer or by writing in the information requested. Please Do not skip any items unless specifically instructed to do so.

1. My current age is: (Years old)

2. My age at time of retirement from the Military was: (Years old)

3. My gender is: (Circle one.)

Male. 1

Female. 2

4. My marital status is: (Circle one.)

Married 1

Single. 2

Widowed 3

Divorced. 4

Separated 5

If married answer questions 5 & 6.

If NOT now married, skip ahead to question 7a.

Mean Years Since Retirement	Sd	RANGE
5.67	4.2	0-29

21.57 4.34 2-47

19.26 5.1 2-32

n	%
342	59.7
182	31.8
48	8.4
1	0.2

\bar{x}	SD	RANGE
51.7	5.8	29-59
45.7	5.3	23-57

n	%
222	38.5
354	61.5
256	44.4
268	46.5
6	1.0
46	8.0
0	0

5. I am married to: (Circle one.)

An active duty military officer	1	10	4.0
An active duty military enlisted person	2	1	0.4
A reserve military person	3	2	0.8
A retired military person	4	41	16.3
A US Civil Service employee (retired military).	5	2	0.8
A US Civil Service employee (reserve military).	6	1	0.4
A US Civil Service employee (not retired/reserve)	7	13	5.2
A civilian.	8	180	71.4
Other (Please specify.) _____	9		

If your spouse is/was military, answer question 6.

If NOT, skip ahead to question 7a.

6. My spouse's current military status is: (Circle one.)

Active duty member of the AMEDO	1	7	11.7
Active duty Army (other than AMEDO)	2	5	8.3
Active duty Navy/Marine Corps	3	0	
Active duty Air Force	4	0	
Other active duty uniformed services.	5	1	1.7
Reserves (all services)	6	3	5.0
Retired military.	7	44	73.3

7a. Are you currently responsible for the care of any minor(s) and/or any minor(s) with special/medical needs (not necessarily legal dependents)? (Circle one.)

Yes	1	108	19.3
No.	2	453	80.7

If YES, please answer question 7b.

If NO, please skip to question 8, page 25.

7b. For how many children (minors) are you responsible? (Example:) (Please enter the correct number in the boxes)

7c. How many of the minors in the above question (7b) have special physical/medical needs? (Please enter the correct number in the boxes)

8. How many adults (e.g., parent(s), spouse, relative(s)) are you responsible for who require physical/personal care by you? (Please enter the number in the boxes provided.). . . .

9. In the event of a recall of RANCs, arrangements for the minor(s) and/or adult(s) identified above would: (Circle one.)

- Pose no difficulty and could be accomplished within 1-3 days 1
- Pose minimal difficulty and could be accomplished within 4-7 days. . . 2
- Pose considerable difficulty and would require 8 to 10 days to accomplish 3
- Pose too much difficulty, therefore a recall waiver would be sought. . 4
- Not applicable 5

10. Recognizing that human dependents are not the only concern to be addressed in the event of a recall, how many days do you estimate you would require to take care of business commitments and personal matters (other than dependents) such as pets, bills, etc? (Circle one.)

- One to three days 1
- Four to seven days. 2
- Eight to ten days 3
- Could not be arranged, therefore a recall waiver would be sought. 4

11. Taking all factors into consideration, how many days would it take you to report to duty? (Write the number of days in the boxes.) (If you anticipate you could not make arrangements to free you to report to duty and would therefore seek a waiver, enter "00" in the boxes.)

(Days)

n	Mean	Sd	Range
108	0.9	1.2	1-6
28	0.1	0.4	1-4
137	0.3	0.6	1-4
n	%	(Figure 3)	
90	33.0		
73	26.7		
69	25.3		
41	15.0		
303			
(Figure 4)			
68	12.1		
158	28.2		
263	46.9		
72	12.8		
Mean	SD	RANGE	
(Figure 5)			
10.75	10.0	1-90	

12. Do you have a current will written and filed? (Circle one.)

Yes 1

No. 2

13. Do you currently have an established "power of attorney?" (Circle one.)

Yes 1

No. 2

n	%	MISSING CASES
		3
426	74.3	
147	25.7	
		3
142	24.8	
431	75.2	

SECTION 6:

HEALTH STATUS DATA

This section seeks information about your current health status and physical condition. Please answer each item as instructed either by circling the numbered response code(s) that corresponds with your answer or by writing in the information requested. Do not skip any items unless specifically instructed to do so.

1. My height is:

--	--

 (Inches)

2. My current weight is:

--	--	--

 (Pounds)

3. My weight at time of retirement from ANC was:

--	--	--

 (Pounds)

4. Were you medically retired (medically boarded) from the Army? (Circle one)

Yes 1

No. 2

If YES, what percentage is your disability?

--	--	--

 %

Unable to analyze section due to a lack of uniformity in responses, e.g., instead of inches, some respondents entered feet and inches without indicating that this was the method. Therefore, a response such as 5'4" could be 5'4" or 54".

		1
52	9.0	
523	91.0	

Data unable to be analyzed due to mixture of VA & active duty disability reporting.

5. For each of the PULHES categories listed below, enter in the column provided the numerical rating of the most current physical profile you have been assigned. (If "none" or "don't know" skip ahead to question 7.)

RATING CODE (AR 40-501)

1 = High level medical fitness	3 = Significant limitations
2 = Minimal limitations	4 = Severe limitations

- P (physical capacity and stamina)
 U (upper extremities)
 L (lower extremities)
 H (hearing and ears)
 E (eyes)
 S (psychiatric)

Ratings

(Write # of rating code)

6. This physical profile was assigned in:
 (Enter the year.)

19

--	--

 (Last two digits)

7. If I was asked to assess my current health status, I would say it is: (Circle one.)

- Excellent. 1
 Good/satisfactory. 2
 Fair 3
 Poor 4

8. Considering your present health status, would you anticipate that you would be recalled? (Circle one.)

- Definitely 1
 Possibly 2
 Possibly excluded. 3
 Definitely excluded. 4

(See Appendix C, Table 16 for Data)

Mean Years Since Profile Assigned	SD	Range
6.16	5.06	0-35

n	%	MISSING CASES
		(Figure 12)
		3

181	31.6
283	49.7
93	16.2
14	2.4

(Figure 13)
 0

248	43.3
217	37.9
72	12.6
36	6.3

9. When was your last "good" physical exam?
(Enter year.)

19

--	--

(Last two digits)

Mean Years Since Last PE	Sd	Range
2.2	5.9	1-36

10. During the past 3 years, other than for a routine annual physical exam, how many times have you sought medical care? (Circle one.)

Fifteen times or more/year. 1
Ten to fourteen times/year. 2
Five to nine times/year 3
Less than 5 times/year. 4
No visits required. 5

n	%	MISSING CASES
		2
29	5.1	
19	3.3	
63	11.0	
338	58.9	
125	21.8	

11. What are your smoking habits? (Circle one.)

I have never smoked 1
I have not smoked for the past three years. . . . 2
I smoke on occasion 3
I smoke 1 pkg or more a day 4
Other (Pipe).

n	%	MISSING CASES
		3
155	27.1	
166	29.0	
67	11.7	
167	29.1	
18	3.1	

12. During the past three years, how many times have you been hospitalized? (Circle one.)

Five times or more. 1
Three to four times 2
One to two times. 3
Not hospitalized. 4

n	%	MISSING CASES
		1
5	0.9	
16	2.8	
135	23.5	
419	72.9	

13. How often do you currently take prescription medication(s)?
(Circle one.)

Regular basis daily/weekly. 1
Frequent PRN basis. 2
Very sporadic PRN basis 3
Do not take any medications 4

n	%	MISSING CASES
		3
245	42.8	
11	1.9	
95	16.6	
222	38.7	

14. Currently, do you have a physical/mental disability that would effect your job performance as a nurse if you were recalled? (Circle one.)

Yes 1
No. 2

15. Currently, are you required to wear eyeglasses/contact lenses? (Circle one.)

Yes, at all times 1
Yes, for reading only 2
Yes, for distance only. 3
No, eyeglasses/contact lenses not required. . . . 4

16. Regarding eyeglasses/contact lenses, I currently own: (Circle one.)

Only the pair worn regularly. 1
Two or more pairs 2
None. 3

17. I currently required a hearing aid: (Circle one.)

Yes, a full hearing aid 1
Yes, a partial hearing aid. 2
No, hearing is not a problem. 3
No, but hearing is a problem.

18. I currently wear dentures: (Circle one.)

Yes, full dentures. 1
Yes, partial dentures and/or bridge plates. . . . 2
No. 3

n	%	MISSING CASES
		(Figure 14) 5
137	24.0	
434	76.0	
		1
352	61.2	
167	29.0	
27	4.7	
29	5.0	
		5
173	30.3	
371	65.0	
27	4.7	
		7
15	2.6	
9	1.6	
536	94.2	
9	1.6	
		2
29	5.1	
129	22.5	
416	72.5	

*19. What other prosthetic devices (other than eyeglasses, hearing aid, or dentures) do you require? (Please specify.)

"Insulin Pump"; "Pace Maker"; "Breast Prosthetics"; "Artificial Limb/Eye"

*20. During the past 5 years have you suffered with any of the following health problem(s)? (Circle all that apply.)

	n	%
Diabetes or other endocrine disorders	47	8.8
Bronchitis/pneumonia/COPD/asthma, etc	83	15.6
Cardio/peripheral vascular disease/hypertension	145	27.2
Stomach/GI problems	97	
Kidney disease.	16	3.0
Neuromuscular/neurological/orthopedic problems.	121	22.7
Arthritis (Osteo/rheumatoid).	153	28.7
Cancer (of any type).	22	4.1
Severe trauma	5	0.9
Mental health problems.	21	3.9
Chronic skin problems	28	5.3
Chronic allergies	52	9.8
Periodontal	82	15.4
No chronic/major health problems.	147	27.6
Other (Please specify.) <u>EENT</u>	13	2.4
<u>GYN-Breast-GU</u>	10	1.9

Total Respondents = 533

21. What was the year of your last tuberculin skin test?
(If unknown, enter "00".)

19
(Last two digits)

Mean years since last TB test	SD	Range
7.3	8.4	0-35

22. What were the results of your last tuberculin skin test?
(Circle one.)

	n	%
Negative.	297	53.0
Positive with negative chest x-ray.	211	37.7
Positive with positive chest x-ray.	2	0.4
Don't remember or don't know.	50	8.9

MISSING CASES
16

*23. During the past 5 years you received: (Circle all that apply.)

- A tetanus booster 1
- A flu injection 2
- A smallpox revaccination. 3
- Other (Please specify) "hepatitis B"; "rubella"; "plague";
"cholera"; "Typhoid"; "Yellow Fever"; "Pneumovac";
"Diphtheria"; "Gamma Globulin"

n	%
Total Respondents = 329	
213	64.7
201	61.7
49	14.9
63	29.1

24. Are you aware of the Army's current physical fitness requirements?
(Circle one.)

- Yes 1
- No. 2

223	39.0
349	61.0

The following list consists of the Army's current physical fitness requirements.

Physical Fitness Requirements AR 330-15 (July 1982)

	Male			Female			
	Age			Age			
	40-45	46-50	51-60	40-45	46-50	51-55	56-60
Situps	25	25	20	15	10	10	10
Pushups	20	20	15	10	10	8	8
2 mi. run	21min	21min	22min	26min	27min	28min	29min

25. Referring to the above list, in your current state of health, do you feel you could meet the Army's current physical fitness requirements? (Circle one.)

- Yes, with no difficulty 1
- Yes, after minimal training 2
- Probably yes, after moderate training 3
- Probably not, due to physical/medical condition. . 4
- No, due to physical/medical disabilities 5

86	15.0
114	19.9
206	36.0
108	18.8
59	10.3

26. Do you currently participate in some regular physical activity (e.g., running, tennis, swimming, golf, bowling?) (Circle one.)

Yes 1
No. 2

If YES, answer the next set of questions (27, 28, and 29.)
If NO, skip ahead to the next section, page 33.

27. How often do you exercise? (Circle one.)

Less than once a month 1
A few time a month 2
One to two times a week 3
Three to five times a week 4
Daily or almost daily 5
Never.

28 What is the intensity of your exercise? (Circle one.)

Light: as in fishing, slow walking, golf,
gardening, bowling 1
Moderate: as in volleyball, badminton, general
exercise in health spa 2
Moderately Heavy: as in cycling, downhill
skiing. 3
Intermittent Heavy Breathing and Perspiration:
as in tennis, raquetball, aerobics/dancing 4
Sustained Heavy Breathing and Perspiration:
as in running, swimming laps.. . . . 5
Never.

29. What is the duration of your average exercise period? (Circle one.)

Under 10 minutes. 1
10-20 minutes 2
20-30 minute 3
Over 30 minutes 4
None

		MISSING CASES	
n	%	6	
367	64.4		
203	35.6		
		82	
62	12.6		
67	13.6		
111	22.5		
132	26.8		
119	24.1		
2	0.4	82	
281	56.9		
105	21.3		
32	6.5		
36	6.3		
39	7.9		
1	0.2	87	
50	10.2		
102	20.9		
139	28.4		
197	40.3		
1	0.2		

CONCLUSION

In addition to acquiring valuable information from you, a secondary purpose of this questionnaire was to provide you with some questions that might cause you to reflect upon your readiness. In this section we would like to evaluate how successfully this objective has been met.

1. Was there any information in this questionnaire that you had previously been unaware of or forgotten? (Circle one.)

Yes 1

No. 2

2. Please evaluate how successful this questionnaire has been in updating you about your role in mobilization. (Circle one.)

Very successful 1

Moderately successful. 2

Slightly successful. 3

Not successful 4

*3. Are there any additional comments or concerns regarding the recall of RANCs that you would like to bring to our attention? (If so, please do so.)

n	%	MISSING CASES
---	---	------------------

		9
--	--	---

337	58.5	
-----	------	--

229	39.8	
-----	------	--

		11
--	--	----

126	21.9	
-----	------	--

221	38.4	
-----	------	--

133	38.4	
-----	------	--

85	14.8	
----	------	--

(See Appendix C,
Table 30 for Data)

*4. Do you feel there are other areas, concern, or questions which should have been addressed in this questionnaire? (If so, what are they?)

(See Appendix C, Table 29
for Data)

*5. Are there any comments you would like to make regarding this questionnaire and/or the nature of this survey? (If so, what are they?)

*6. Is there anything else you would like to say?

This concludes our survey. Thank you for your cooperation and participation.

PLEASE RETURN THE QUESTIONNAIRE IN THE ENVELOPE PROVIDED.

APPENDIX B

Figures

Figure 1. Frequency Distribution of RANCs' Military Rank at Retirement.

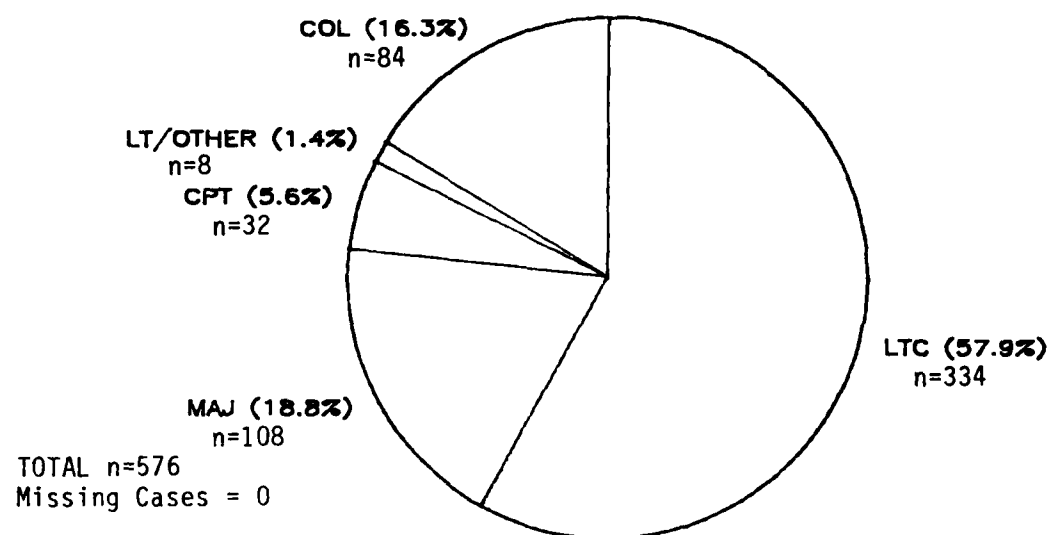


Figure 2. Frequency Distribution of RANCs' Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) at Retirement.

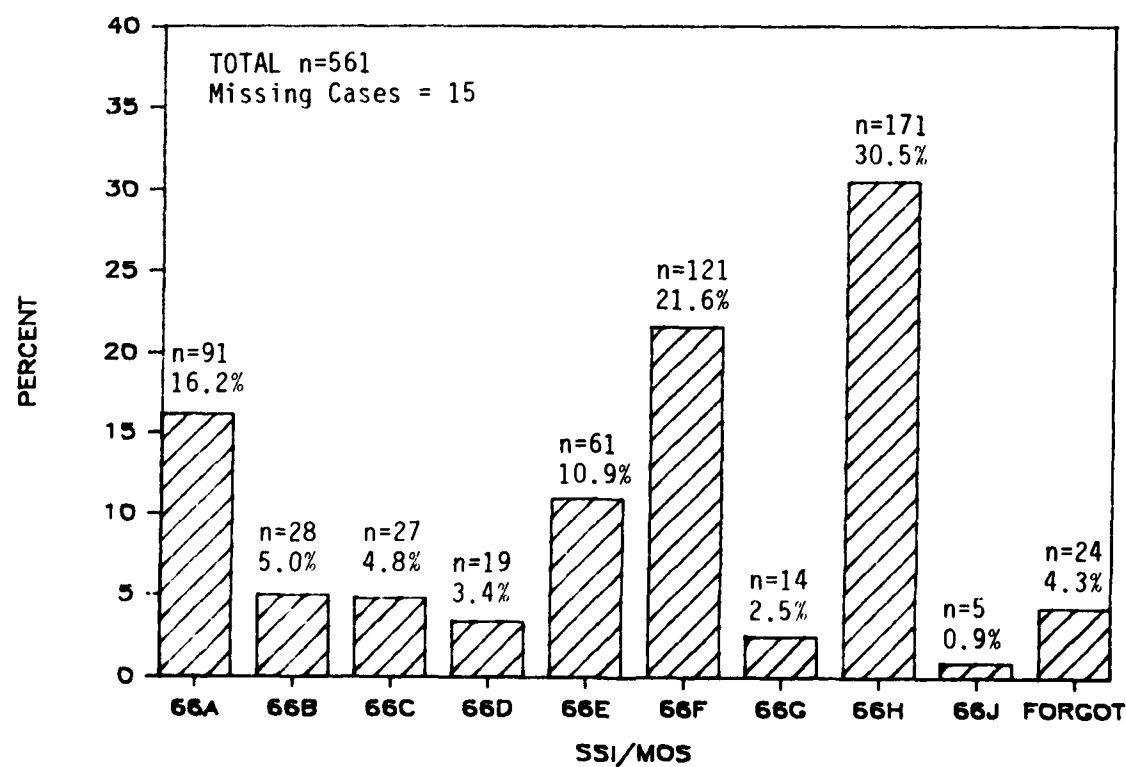


Figure 3. If Recalled, RANCs' Estimated Time Necessary to Arrange for Dependents.

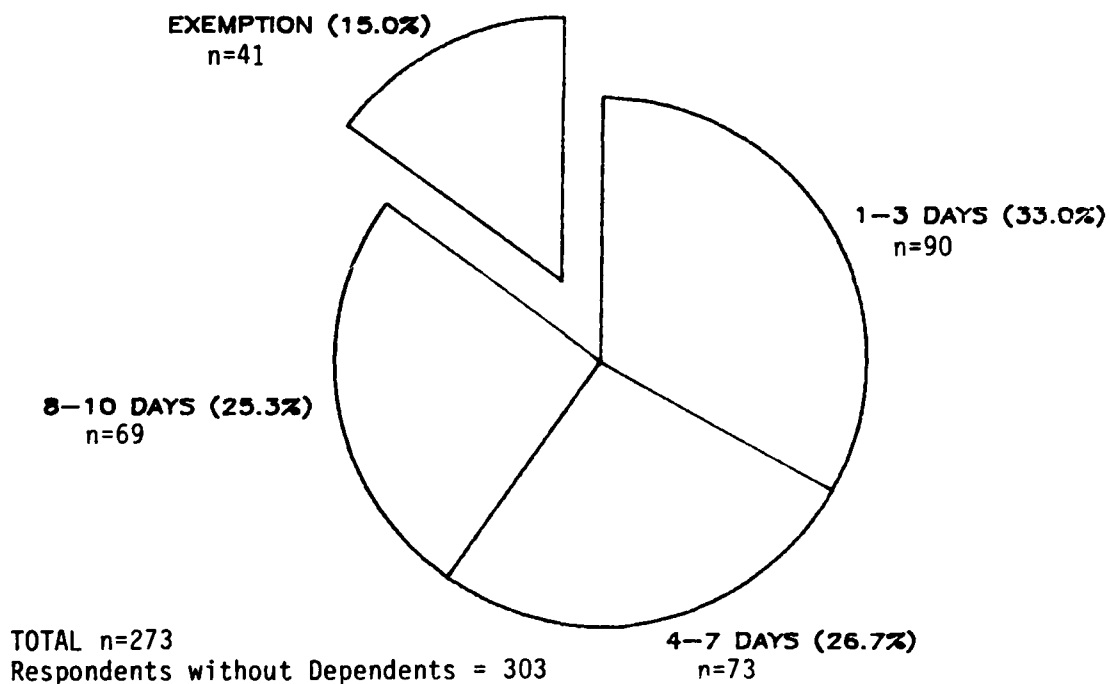


Figure 4. If Recalled, RANCs' Estimated Time Necessary to Arrange for Business and Personal Matters.

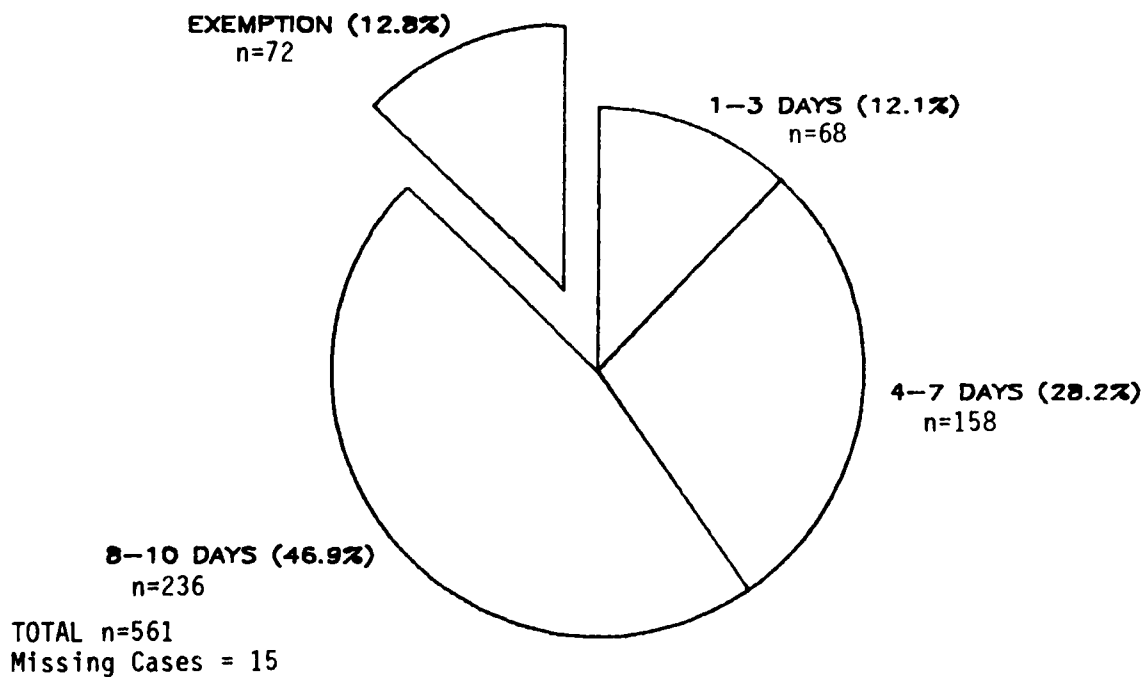


Figure 5. If Recalled, RANCs' Estimated Total Days Necessary to Report to Duty.

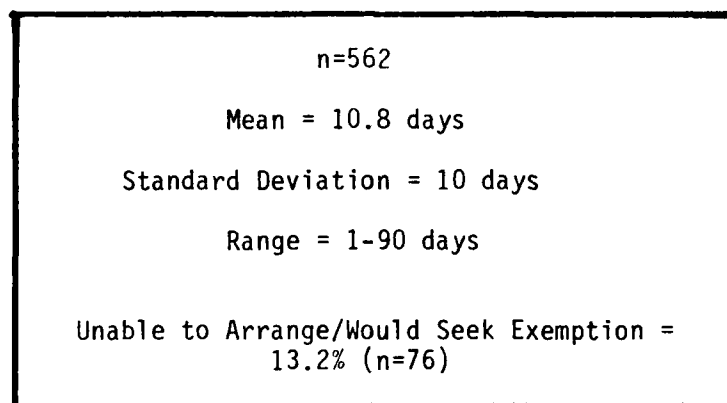


Figure 6. RANCs' Current Licensure Status.

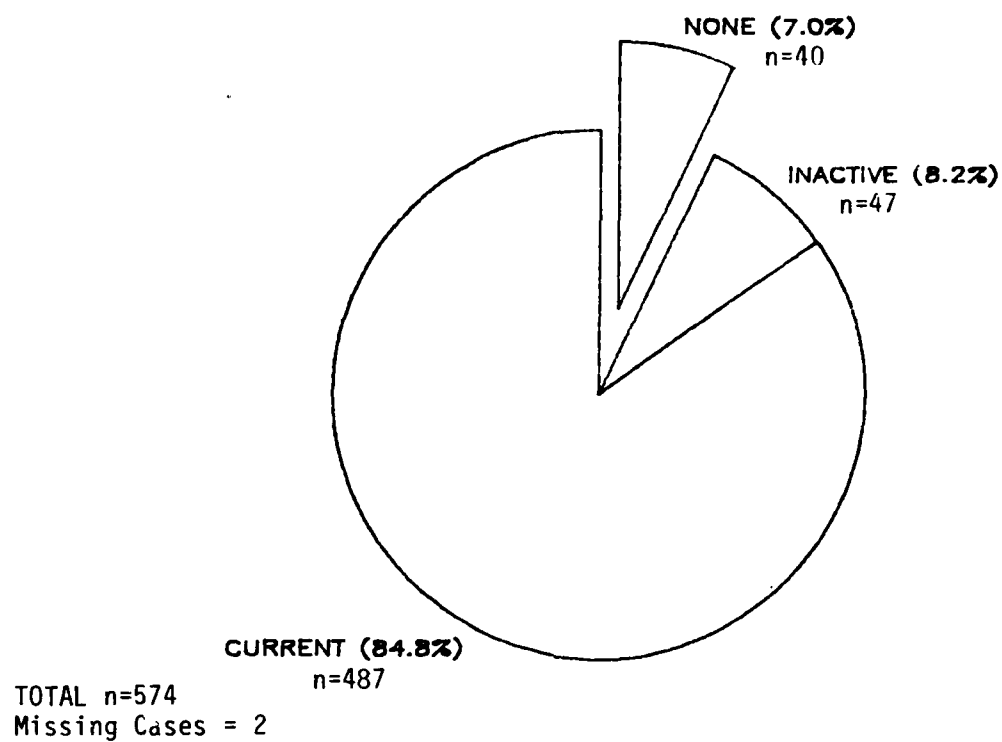


Figure 7. RANCs' License Renewal Plans.

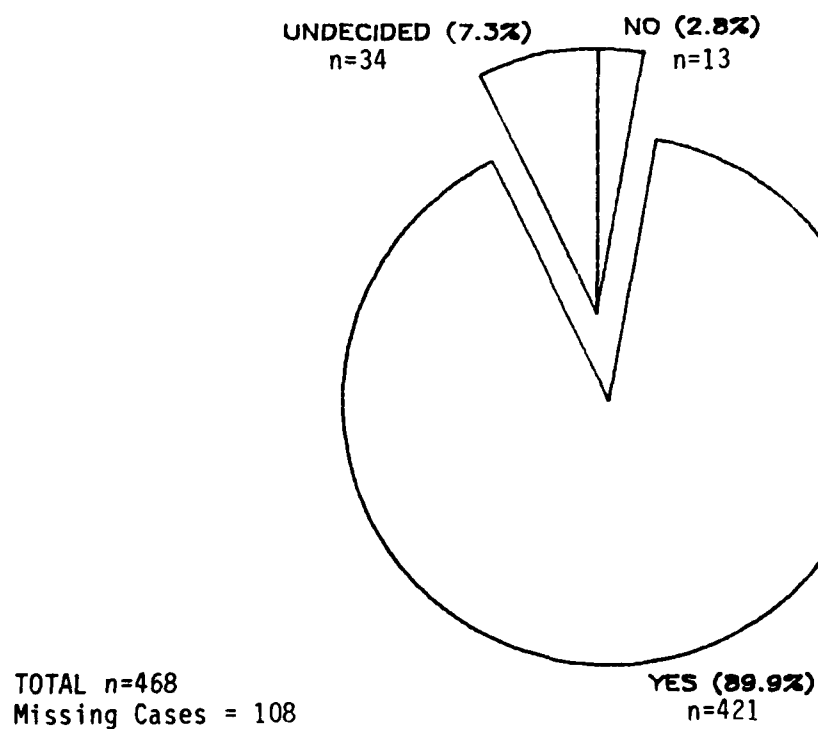


Figure 8. RANCs' Total Years of Nursing Practice.

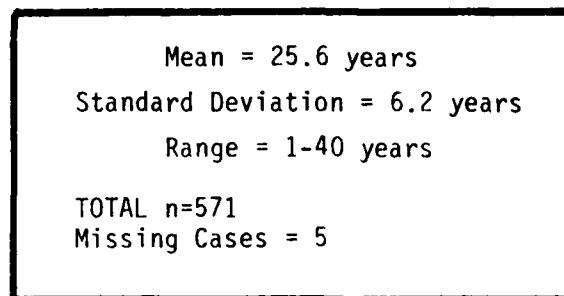


Figure 9. RANCs' Plans to Practice Nursing Until Age 60.

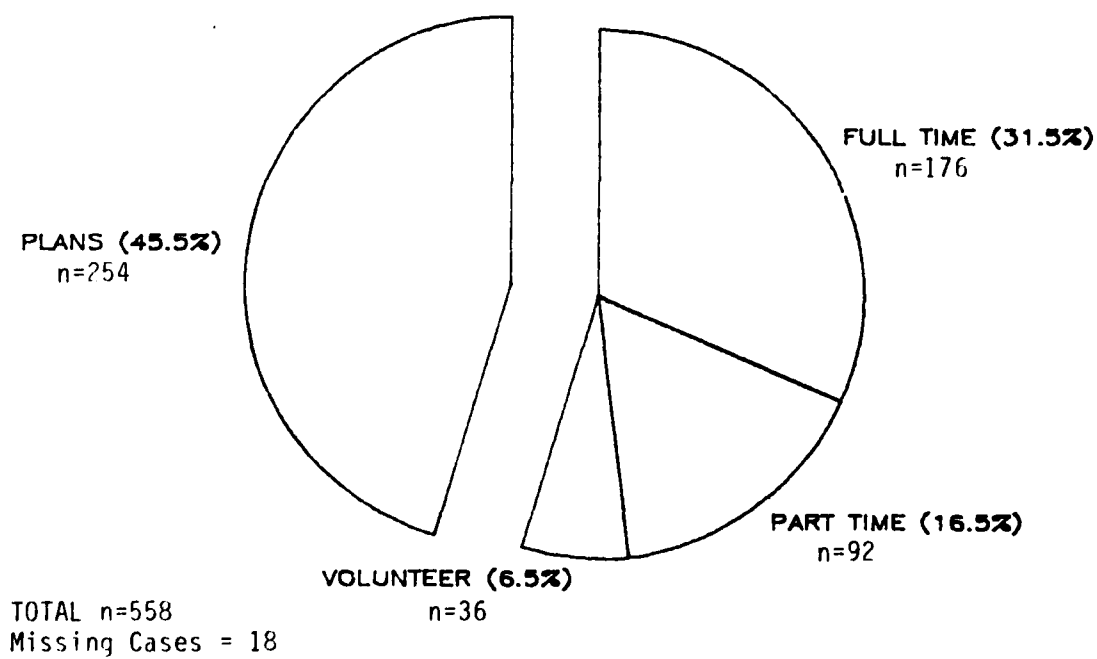


Figure 10. Selected Indicators of RANCs' Potential for Professional Readiness.

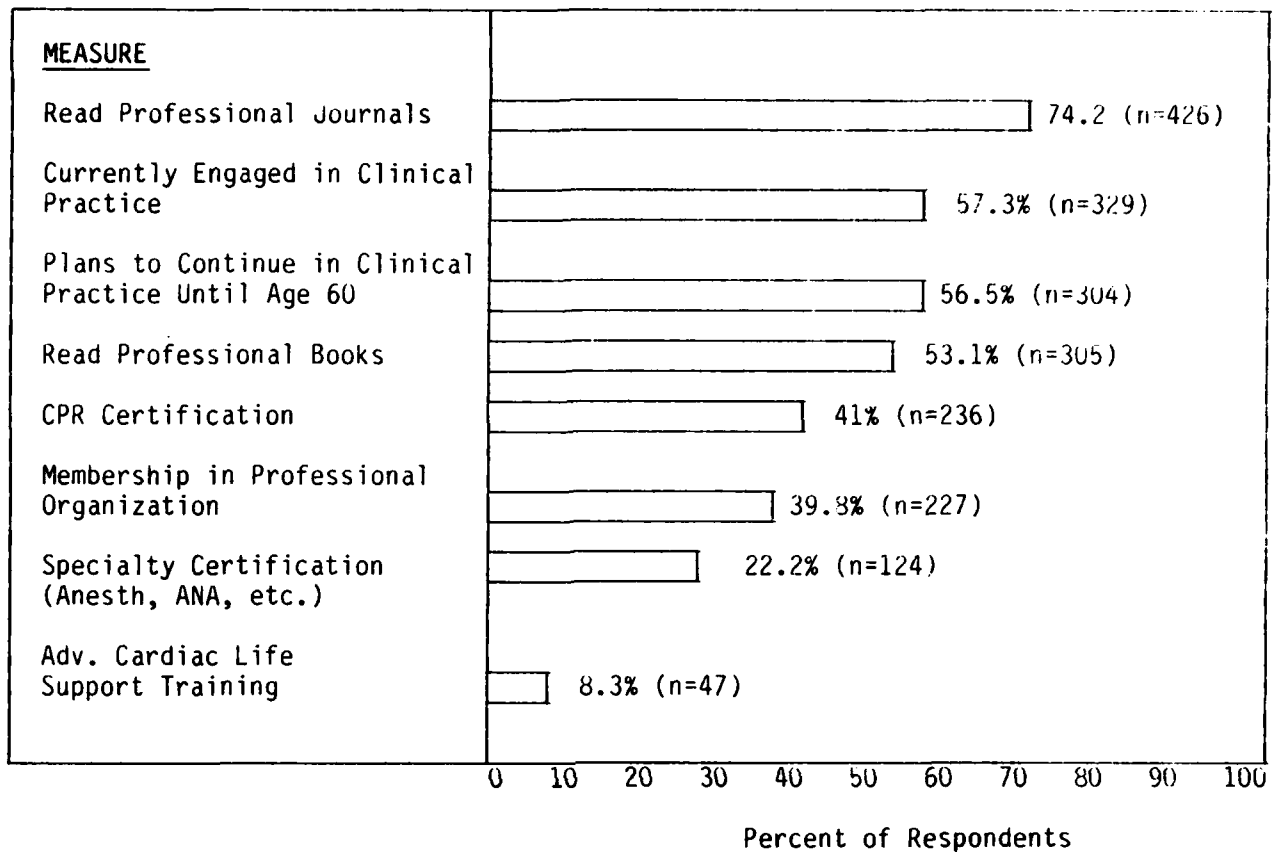


Figure 11. RANCs' Reported Continuing Education Experiences 1983-1984 ("Past Two Years").

n=562	
CEU Programs Attended:	Mean = 5.4 programs (n=537)
	Standard Deviation = 9.7 programs
	Missing Cases = 39
Contact Hours Achieved:	Mean = 32 hours (n=495)
	Standard Deviation = 56.1 hours
	Missing Cases = 81

Figure 12. RANCs' Perceptions of Present Health.

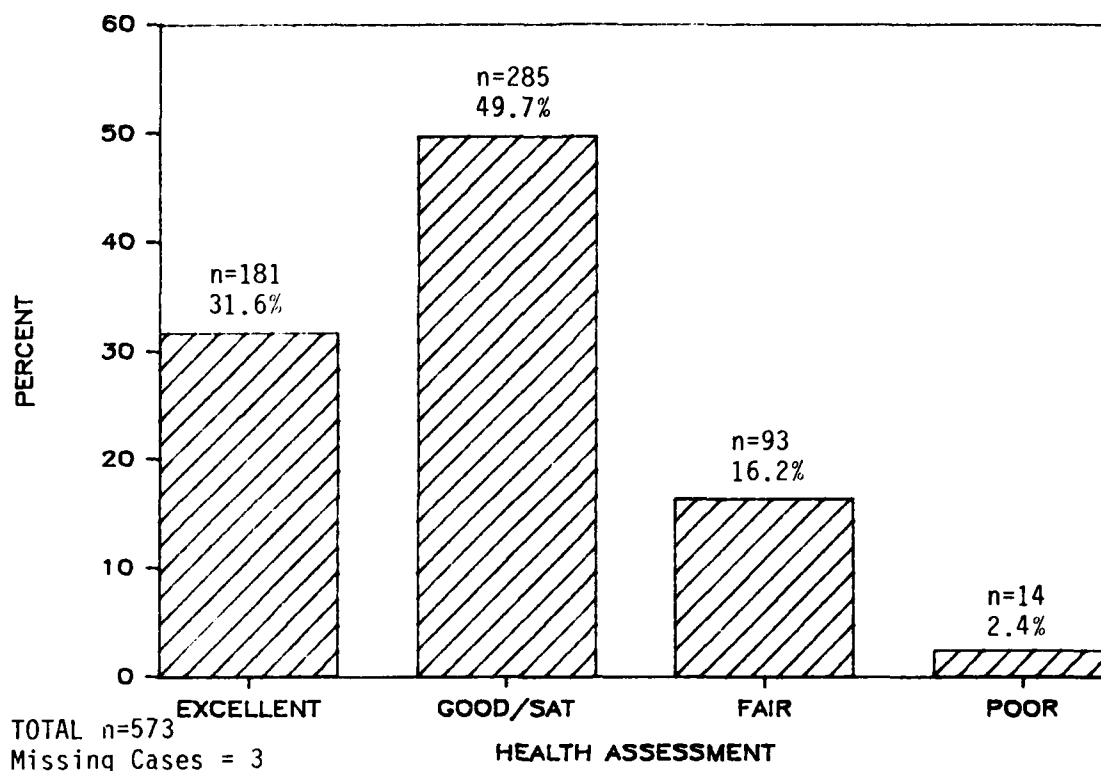


Figure 13. RANCs' Assessment of Recall Potential Based on Present Health.

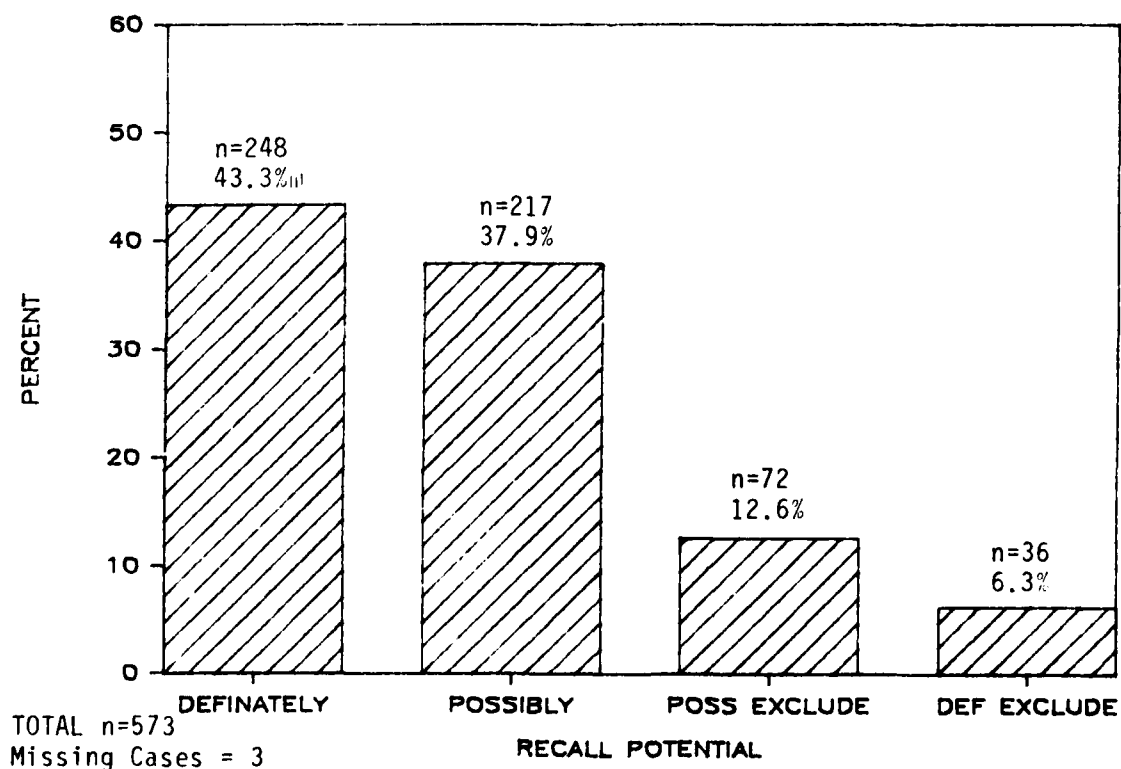


Figure 14. RANCs Reporting a Physical or Mental Disability Which Would Affect Performance as a Registered Nurse (RN).

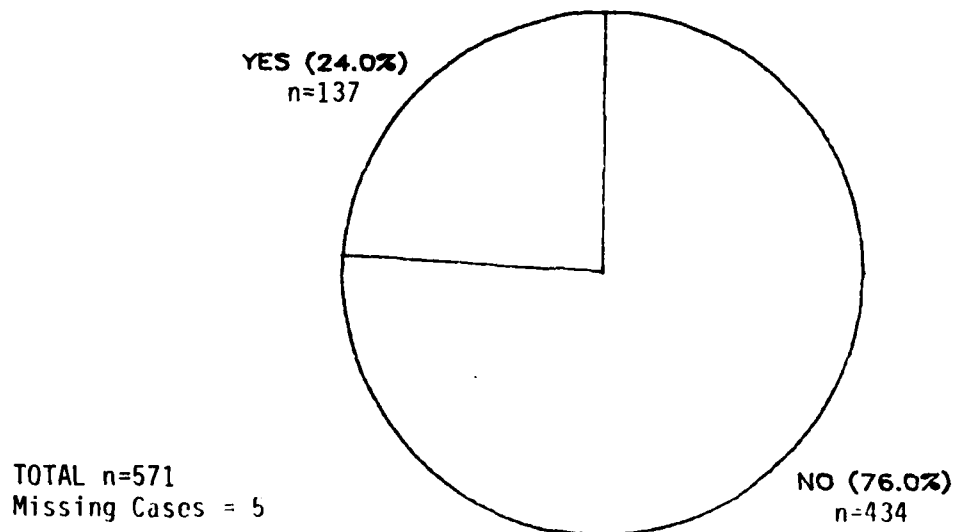


Figure 15. Percentage of RANCs Reporting a Perceived Physical or Mental Disability Which Would Affect Performance as a Registered Nurse (RN) by SSI/MOS.

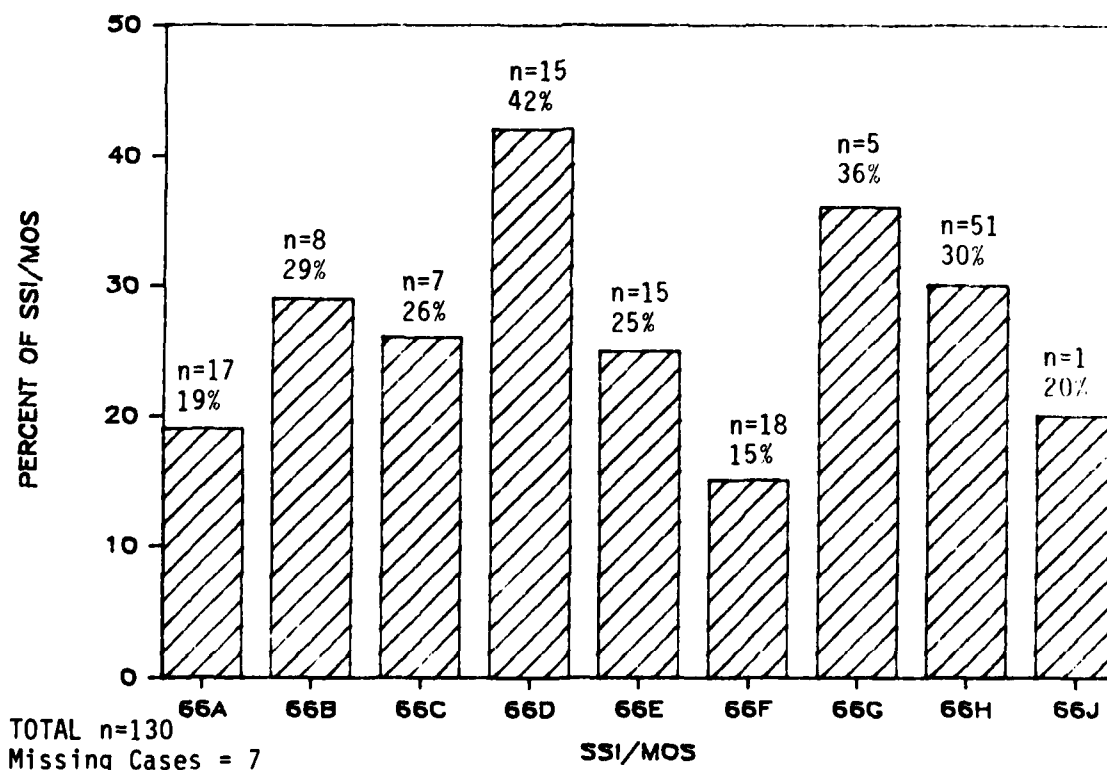
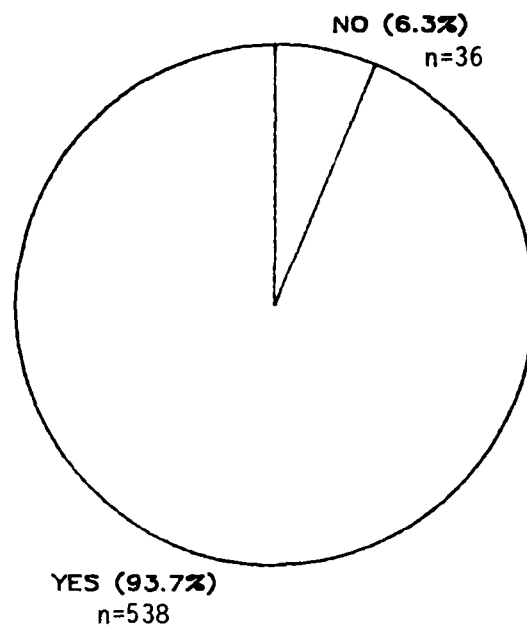


Figure 16. Percentage of RANCs Who Are Aware of Their Potential Recall.



TOTAL n=574
Missing Cases = 2

Figure 17. Percentage of RANCs Reporting Receipt of "Hip Pocket" Orders.

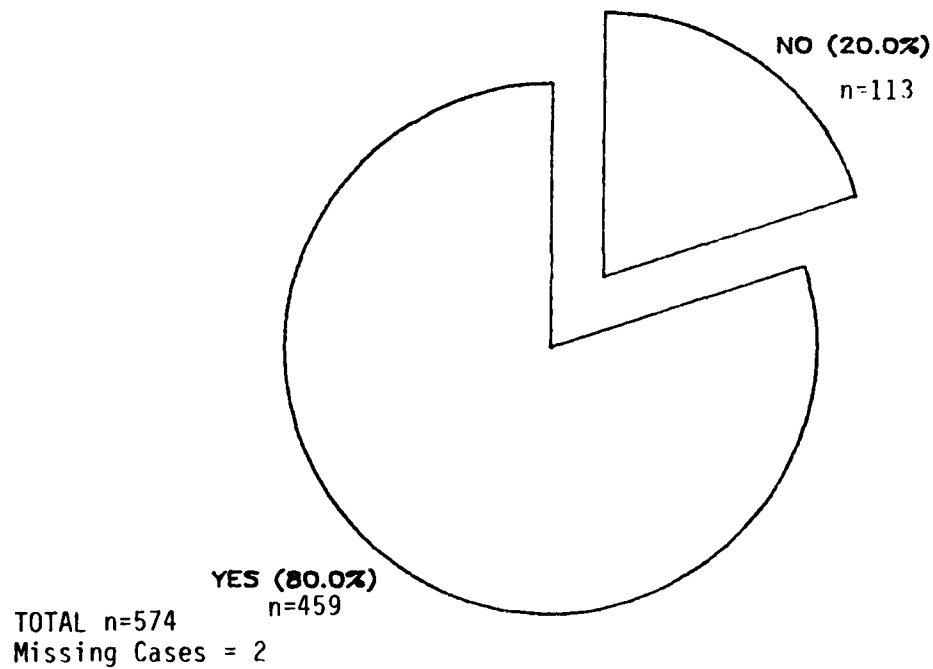


Figure 18. Percentage of RANCs Reporting Communication With Designated "Hip Pocket" Facility.

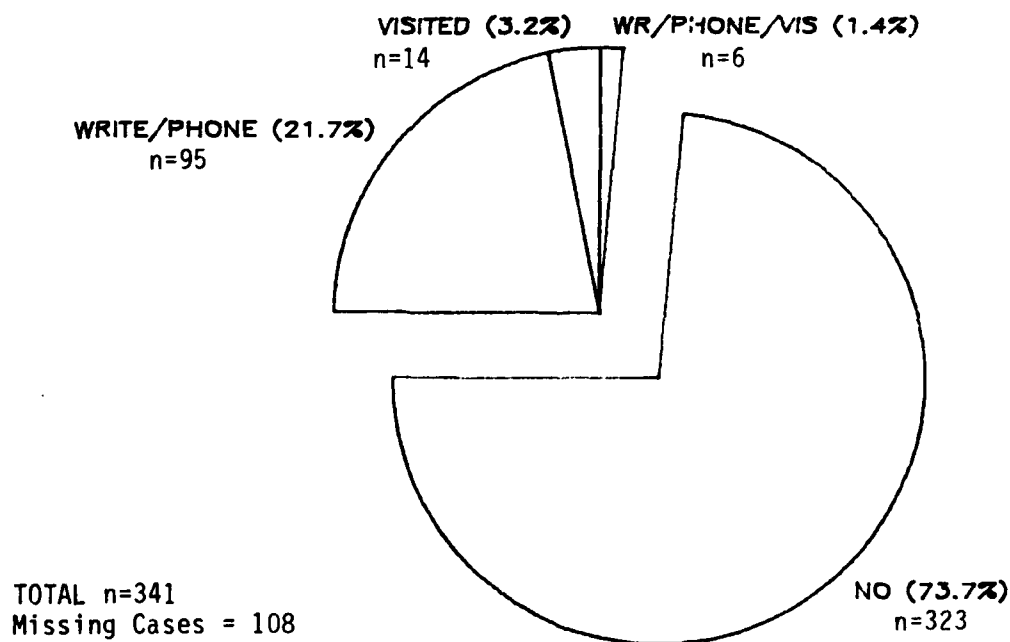
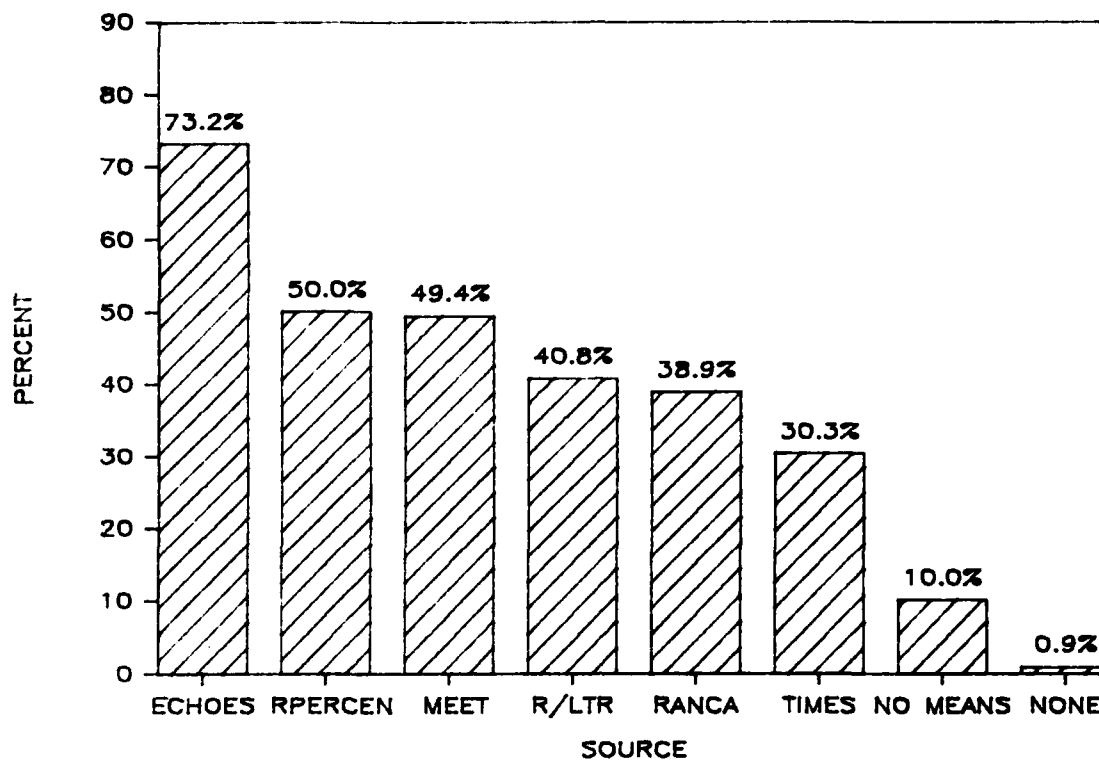


Figure 19. Percentage of RANCs Reporting Use of Sources for "Keeping in Touch" With ANC/Army Happenings.



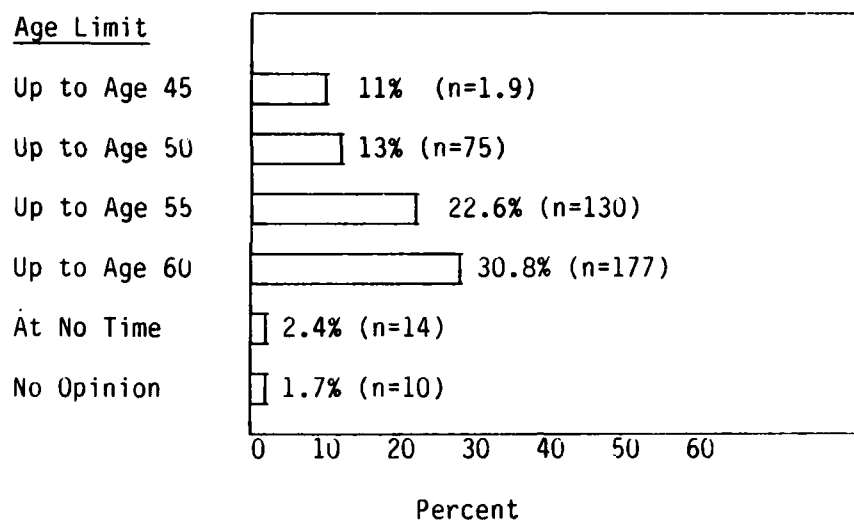
*Multiple Response Question

Respondents Answering Question = 568

Total Responses Selected = 1,712

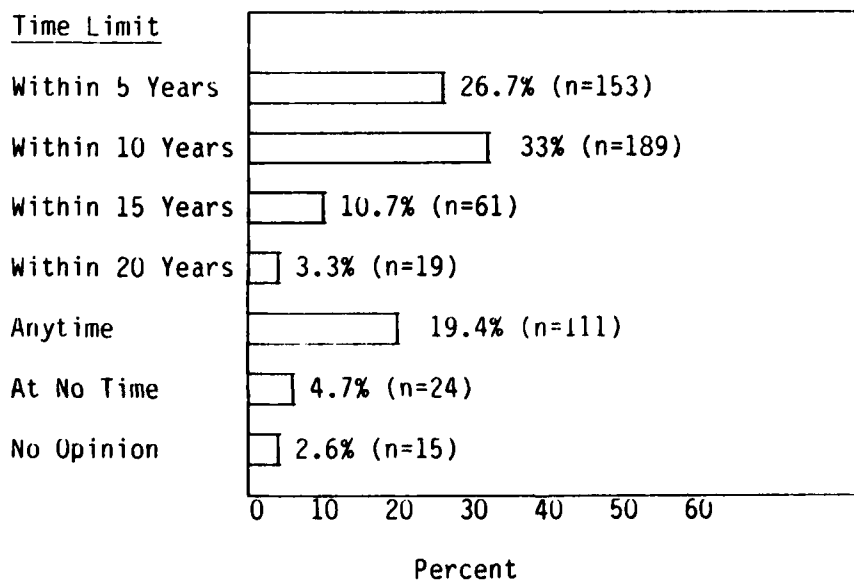
Mean Number of Responses Selected by Each RANC = 3.01 Responses

Figure 20. RANCs' Perceptions of a Realistic Age Limit for Recall after Retirement.



TOTAL n=575
Missing Cases = 1

Figure 21. RANCs' Perceptions of a Realistic Time Limit for Recall after Retirement.



TOTAL n=572
Missing Cases = 4

FIGURE 22. RANCS' OPINIONS REGARDING THE UTILIZATION OF UNLICENSED REGISTERED NURSES.

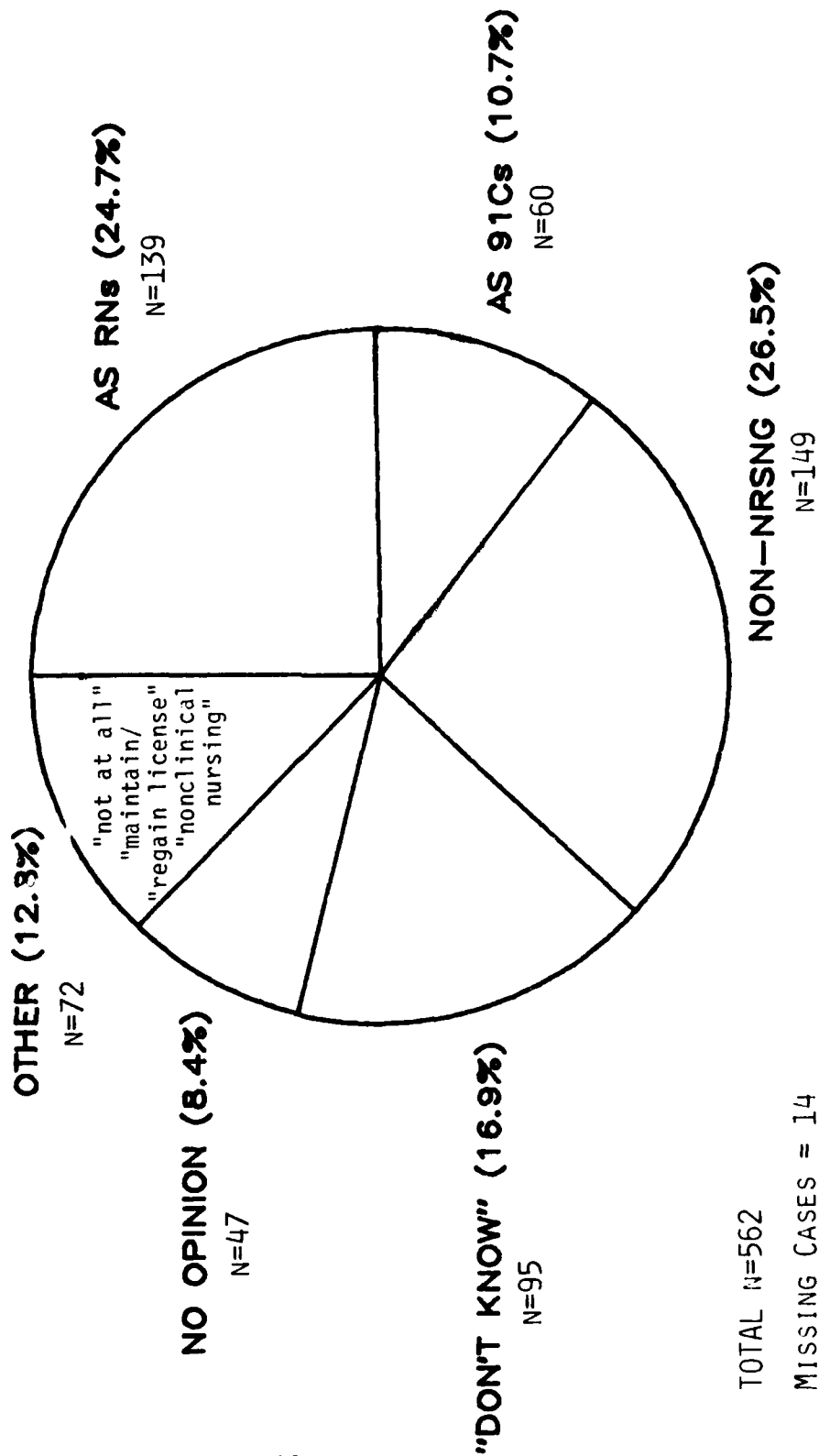


Figure 23. Percentage of RANCs' Readiness Training Opportunities Since Retirement.

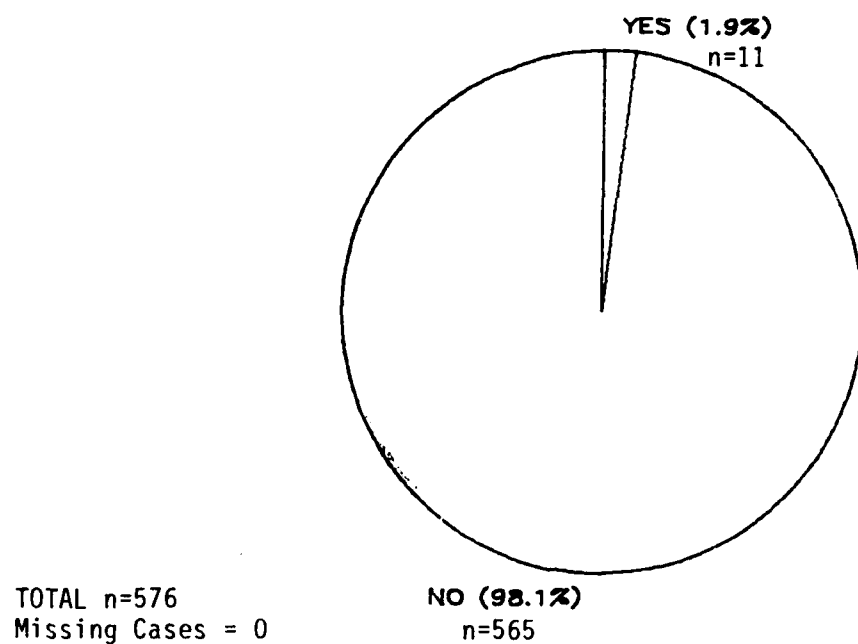
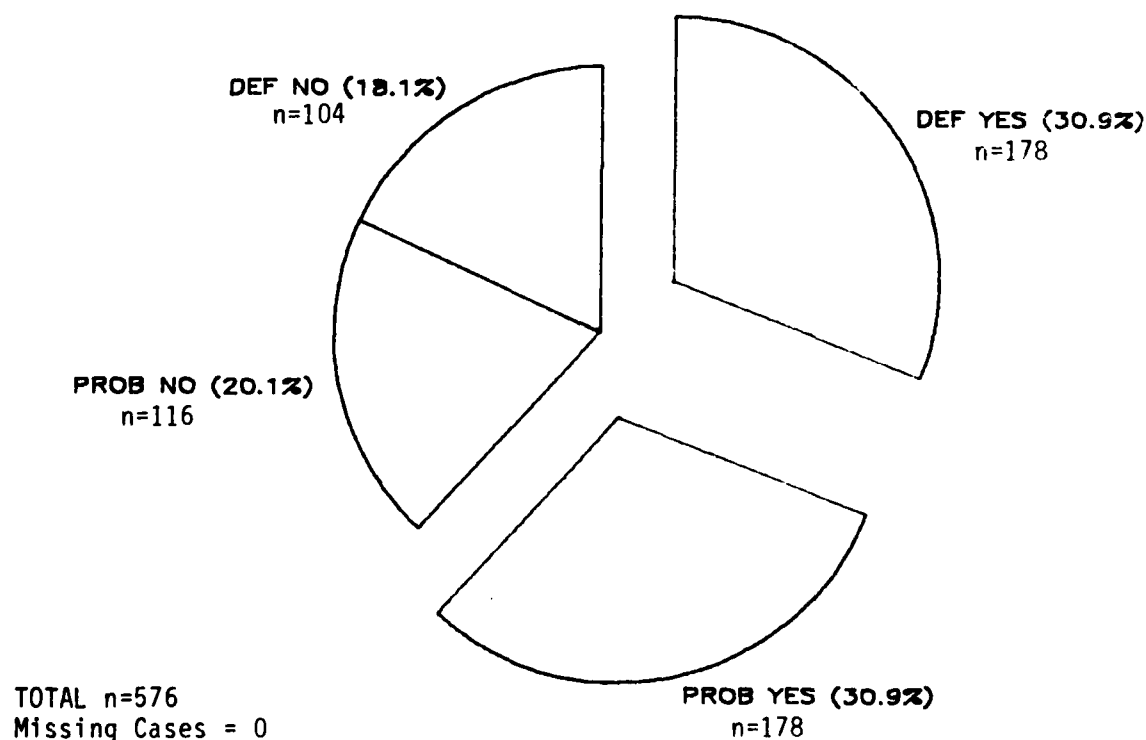
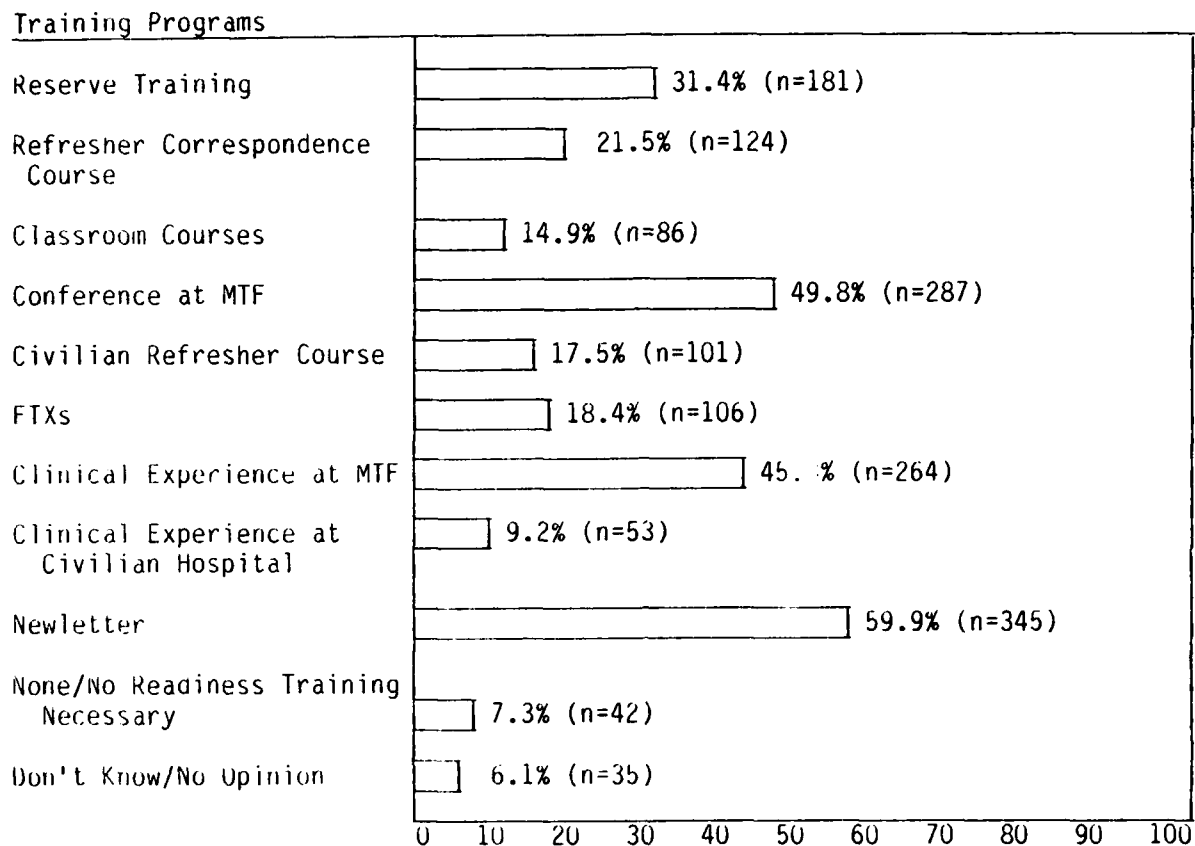


Figure 24. Percentage of RANCs Interested in Participating in Mobilization Readiness Training if Offered.



***Figure 25. RANCs' Preferences for Training Programs to Maintain Preparedness.**



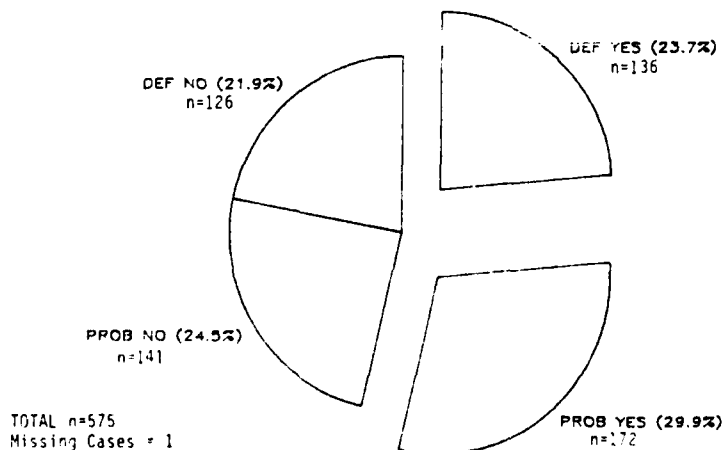
*Multiple Response Question

Respondents Answering Question = 576

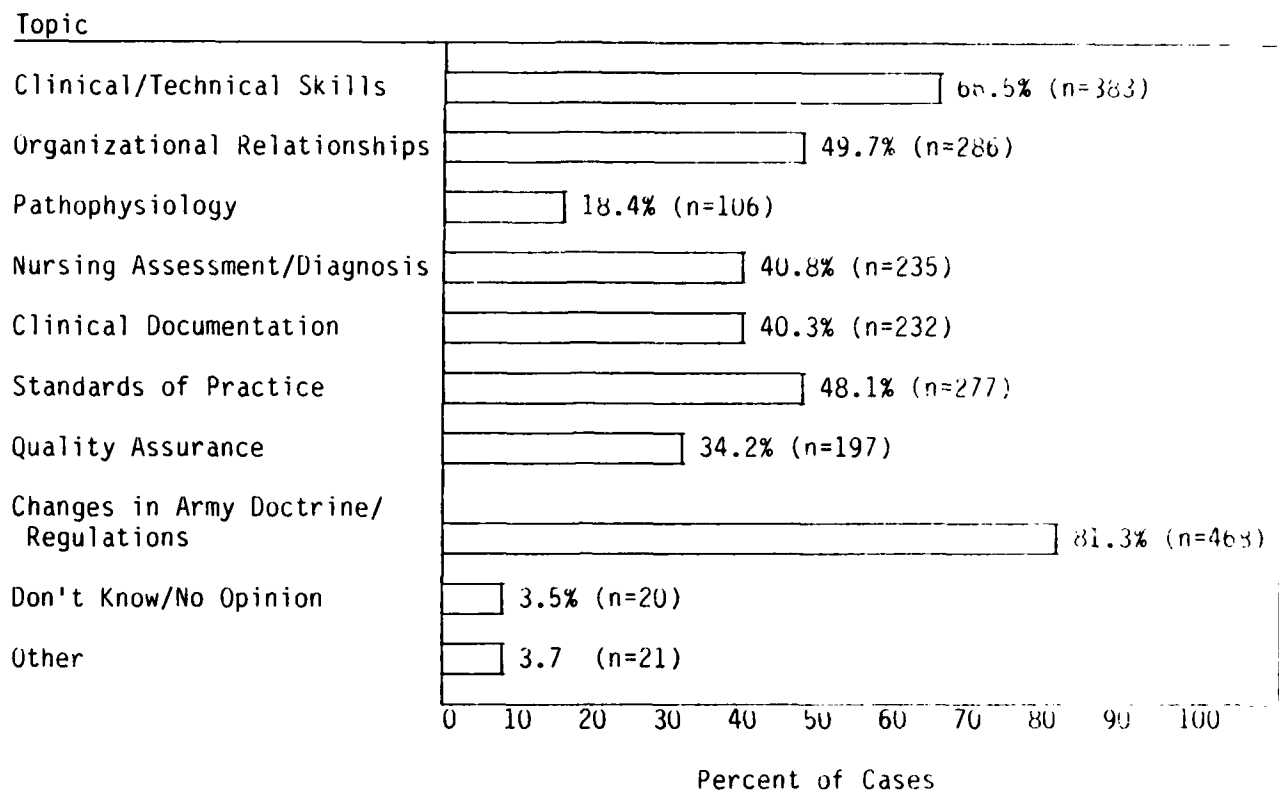
Total Responses Selected = 1674

Mean Number of Responses Selected by Each RANC = 2.82 responses

Figure 26. RANCs' Interest in Training with Reserve Units.



***Figure 27. Mobilization Reorientation Topics Identified by RANCs.**



*Multiple Response Question

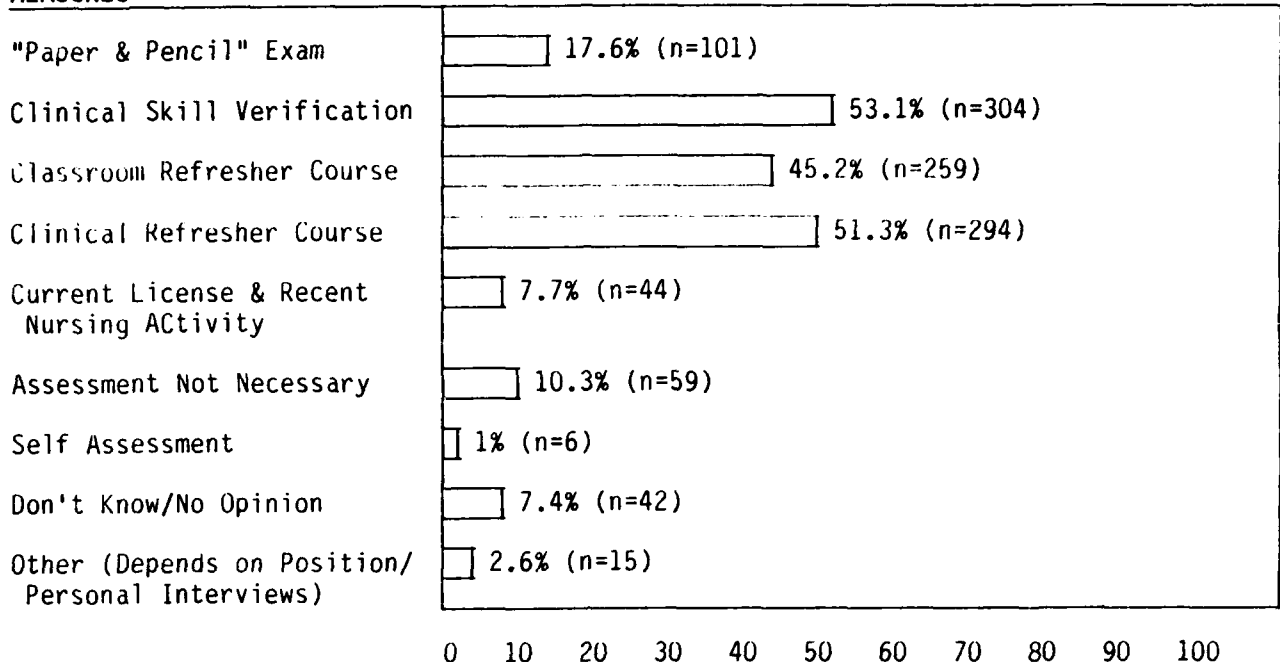
Respondents Answering Question = 576

Total Responses Selected = 2225

Mean Number of Responses Selected by Each RANC = 3.86 responses

***Figure 28. Methods Recommended by RANCs to Evaluate Professional Competency.**

MEASURES



*Multiple Response Question
 Respondents Answering Question = 573
 Total Responses Selected = 1124
 Mean Number of Responses Selected by Each RANC = 1.96 responses

Figure 29. RANCs' Opinions Regarding Compensation for Mobilization Readiness Training.

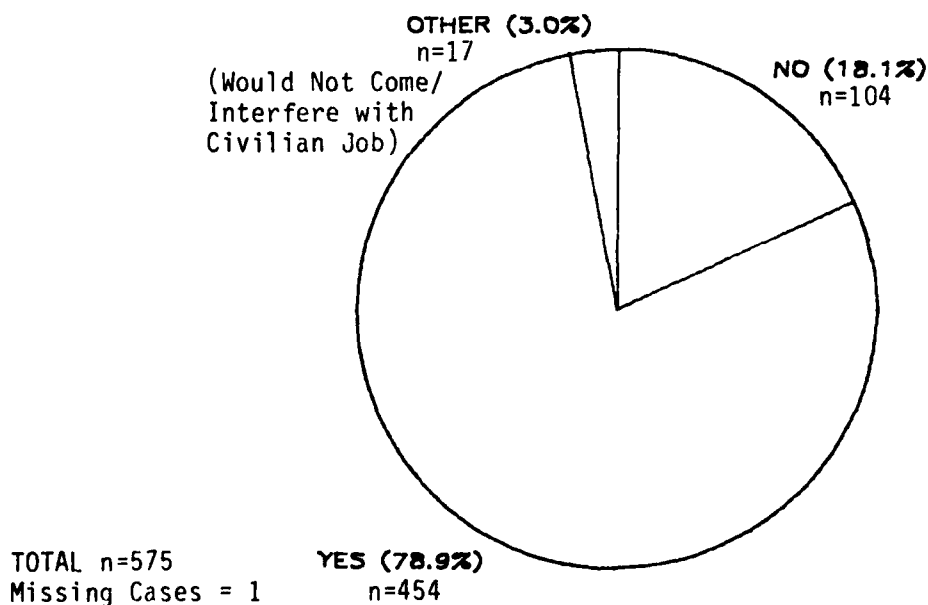


Figure 30. Cantrell Self-Anchoring Scale: RANCs' Perceptions of Own Nursing Capabilities During the Last 3-5 Years on Active Duty.

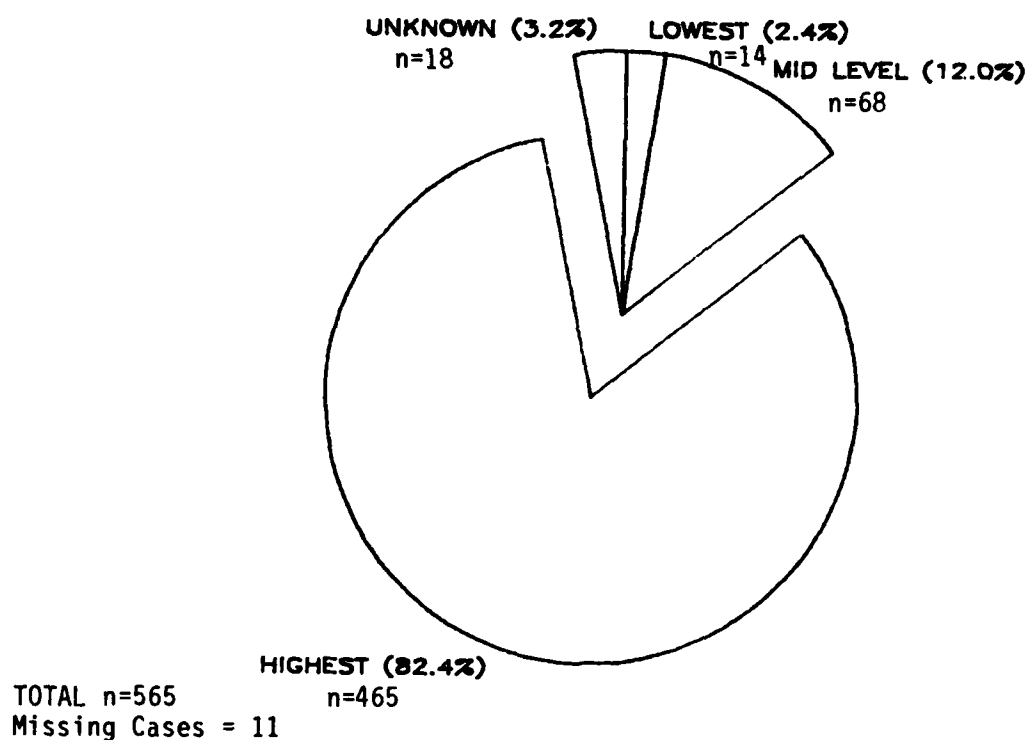


Figure 31. Cantrell Self-Anchoring Scale: RANCs' Perceptions of Own Nursing Capabilities "TODAY."

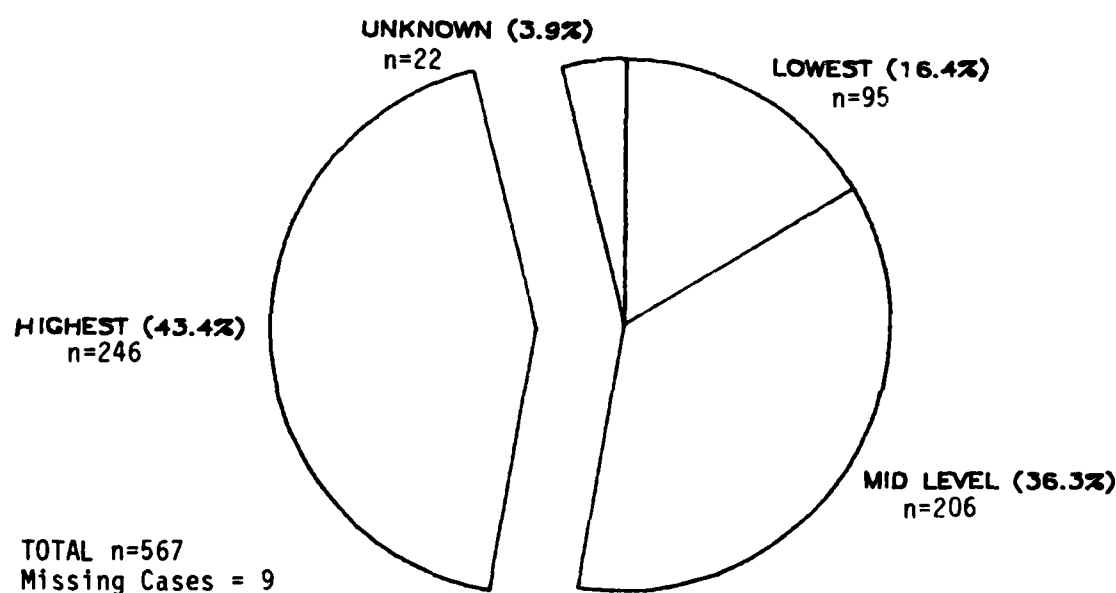


Figure 32. Cantrell Self-Anchoring Scale: RANCs' Self Perceptions of Own Readiness for Field Nursing During the Last 3-5 Years on Active Duty.

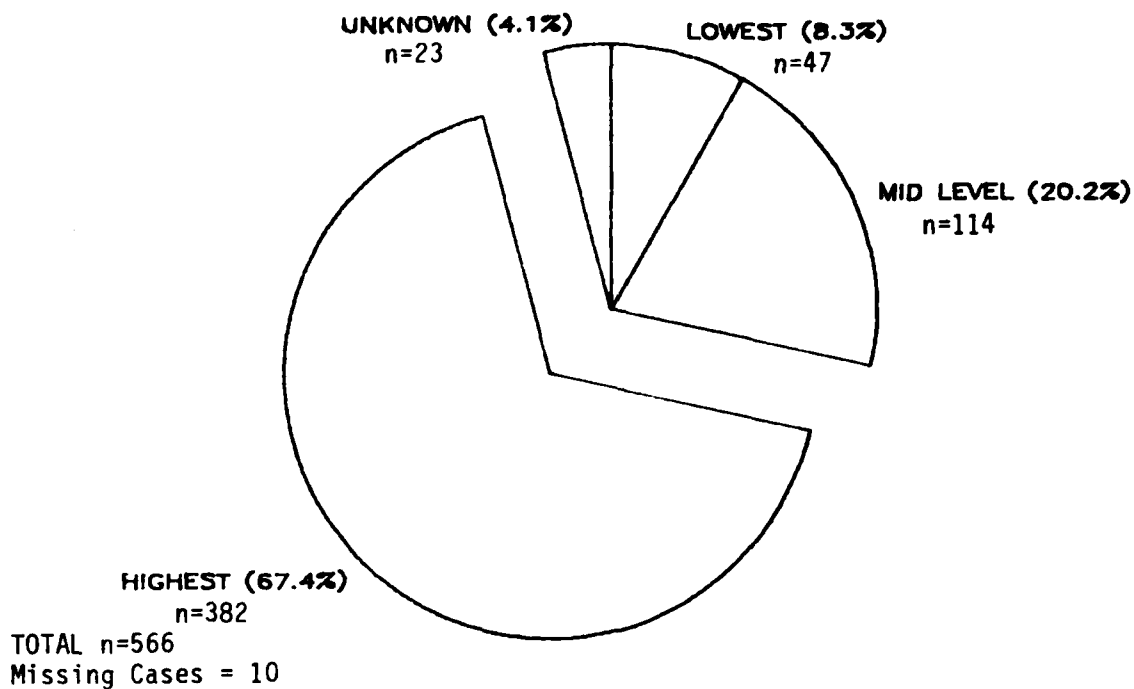


Figure 33. Cantrell Self-Anchoring Scale: RANCs' Self Perceptions of Own Readiness for Field Nursing "TODAY."

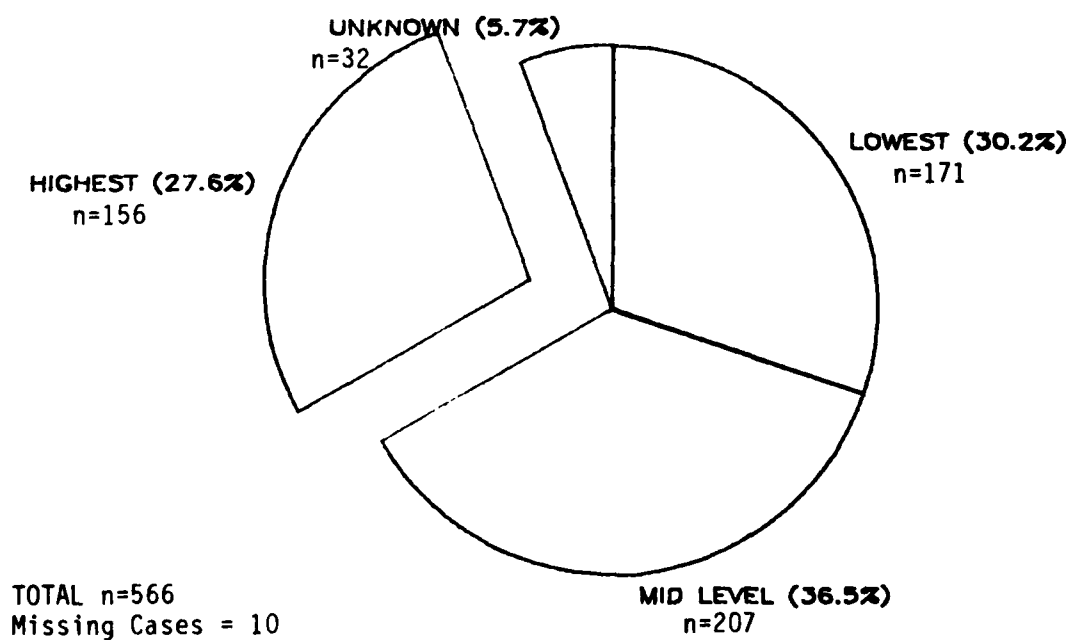


Figure 34. RANCs' Perceptions of Competency to Serve as an "On-the-job" (OJT) Instructor.

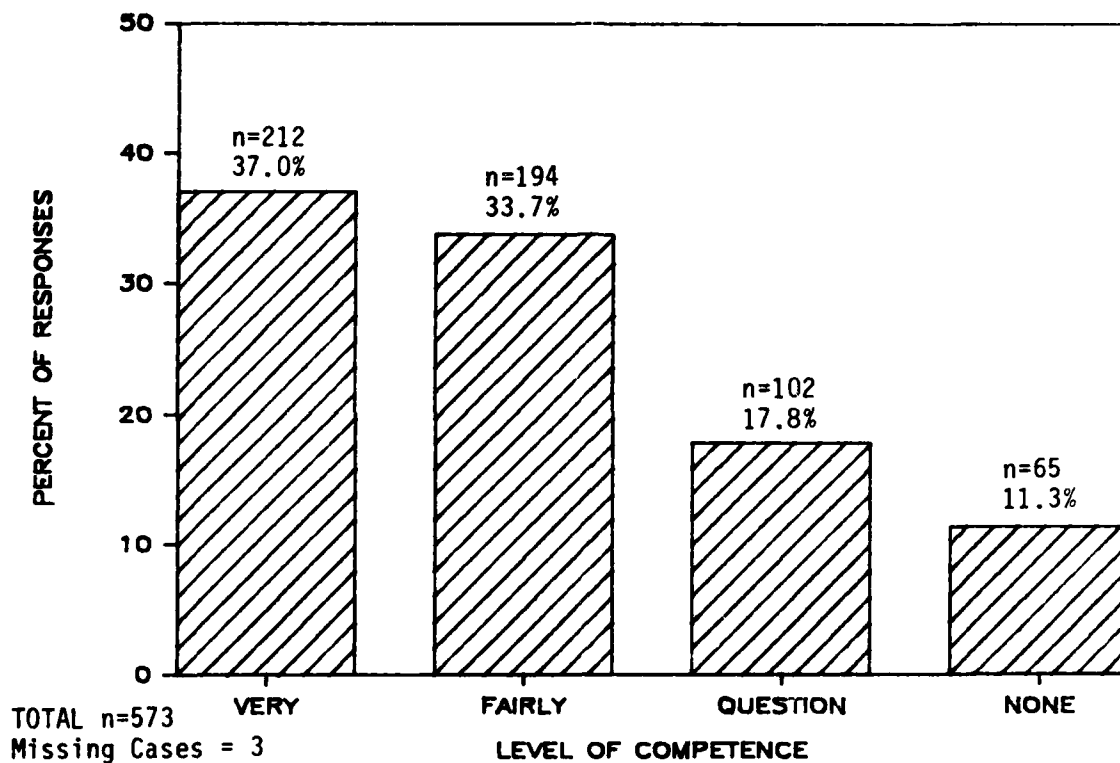


Figure 35. RANCs' Perceptions of the Amount of Training Needed to Feel Professionally Competent.

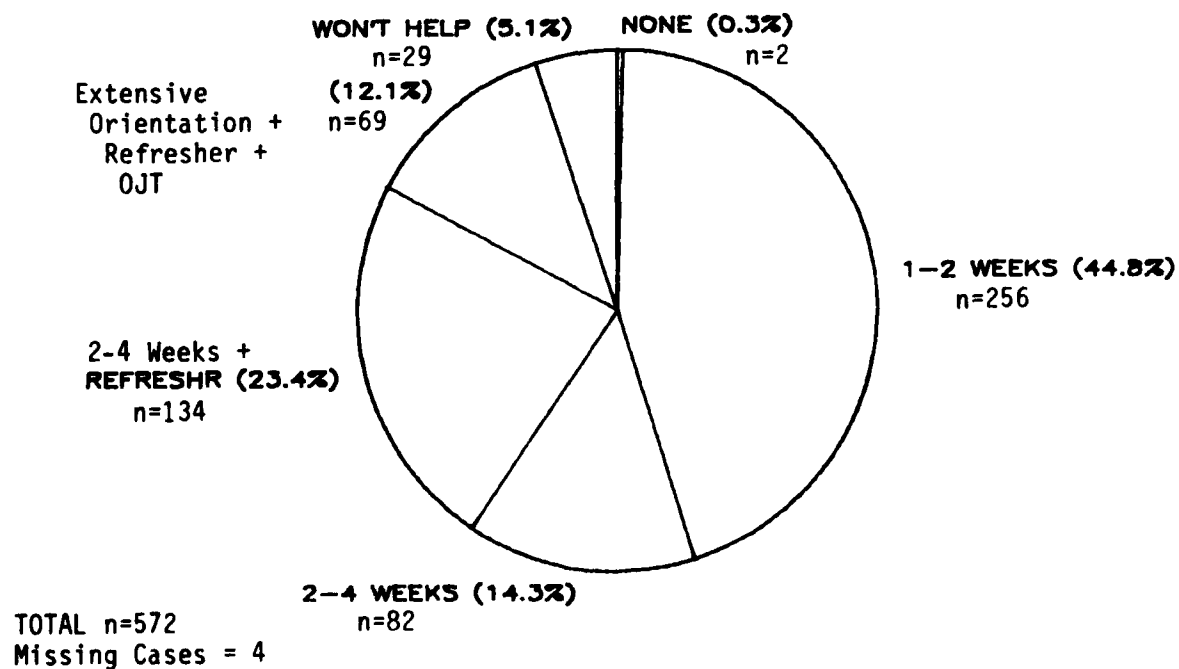
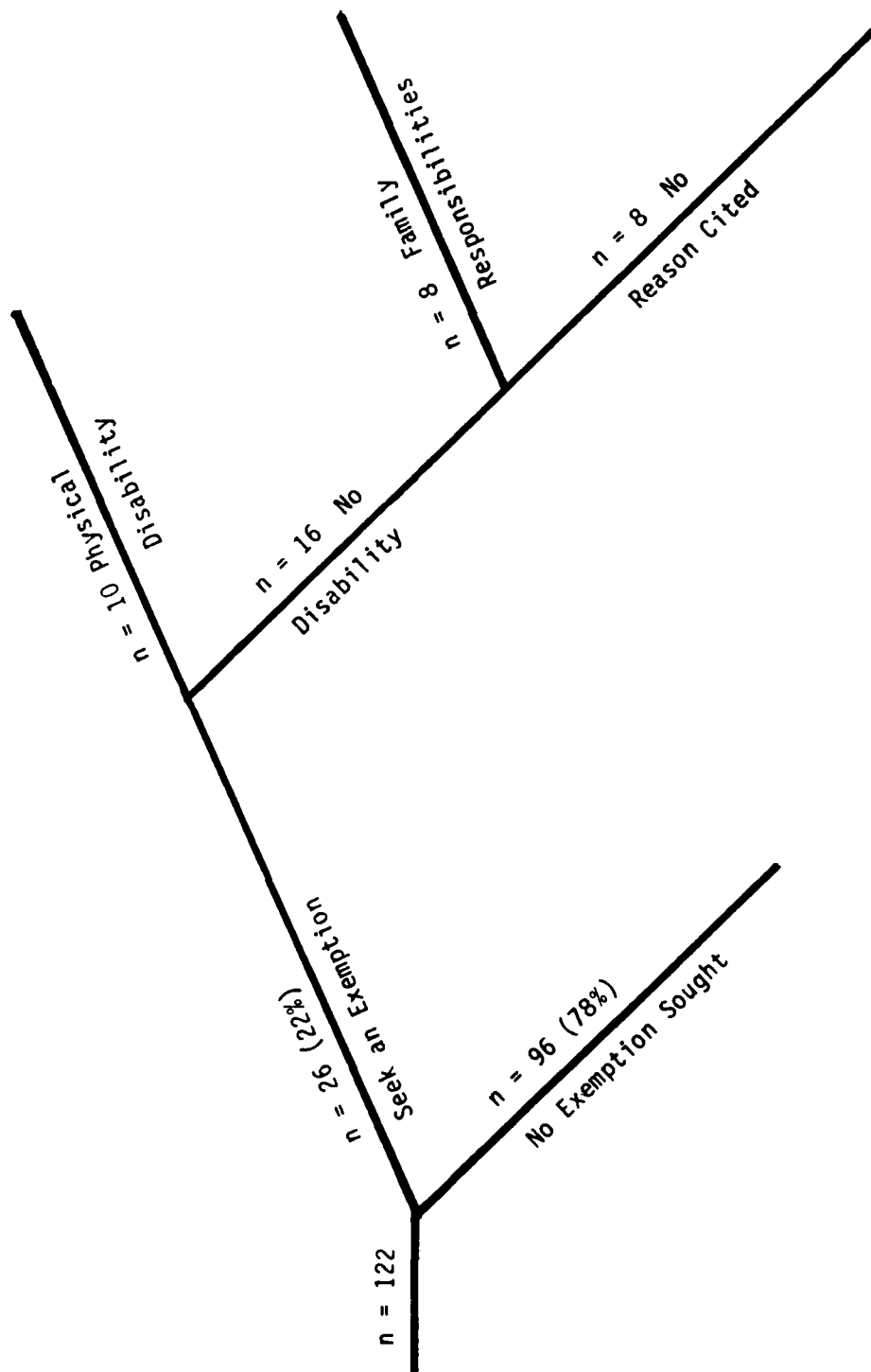


Figure 36. Factors Influencing RANC Nurse Anesthetists to Seek an Exemption From Recall.



APPENDIX C

Tables

Table 1

RANCs' 1st Choice for Clinical Specialty Assignment

CLINICAL SPECIALTY	FREQUENCY	PERCENT	CUMULATIVE PERCENT
MEDICAL/SURGICAL NURSING	193	33.5	33.5
ANESTHESIA NURSING	102	17.7	51.2
OPERATING ROOM NURSING	62	10.8	62.0
PSYCHIATRIC NURSING	59	10.2	72.2
COMMUNITY HEALTH NURSING	50	8.7	80.9
EMERGENCY ROOM NURSING	34	5.9	86.8
PEDIATRICS NURSING	23	4.0	90.8
OB/GYN NURSING	22	3.8	94.6
CRITICAL CARE NURSING	9	1.6	96.2
OTHER	22	3.8	100.0
TOTAL	576	100.0	

VALID CASES 576

MISSING CASES 0

Table 2

RANCs' 2nd Choice for Clinical Specialty Assignment

CLINICAL SPECIALTY	FREQUENCY	PERCENT	CUMULATIVE PERCENT
EMERGENCY ROOM NURSING	136	23.6	23.6
MEDICAL/SURGICAL NURSING	124	21.5	45.1
COMMUNITY HEALTH NURSING	44	7.6	52.7
OPERATING ROOM NURSING	44	7.6	60.3
PSYCHIATRIC NURSING	41	7.1	67.4
CRITICAL CARE NURSING	41	7.1	74.5
OB/GYN NURSING	32	5.6	80.1
PEDIATRICS NURSING	20	3.5	83.6
ANESTHESIA NURSING	11	1.9	85.5
OTHER	83	14.4	100.0
TOTAL	576	100.0	

VALID CASES 576

MISSING CASES 0

Table 3

RANCs' 3rd Choice for Clinical Specialty Assignment

CLINICAL SPECIALTY	FREQUENCY	PERCENT	CUMULATIVE PERCENT
EMERGENCY ROOM NURSING	131	22.7	22.7
CRITICAL CARE NURSING	74	12.8	35.5
MEDICAL/SURGICAL NURSING	66	11.5	47.0
PSYCHIATRIC NURSING	44	7.6	54.6
COMMUNITY HEALTH NURSING	40	6.9	61.5
OB/GYN NURSING	40	6.9	68.4
PEDIATRICS NURSING	29	5.0	73.4
OPERATING ROOM NURSING	26	4.5	77.9
ANESTHESIA NURSING	2	0.3	78.2
OTHER	124	21.5	100.0
TOTAL	576	100.0	

VALID CASES 576

MISSING CASES 0

Table 4

RANCs' 1st Choice for Clinical Specialty by Specialty Skill Identifier

COUNT	D2										ROW TOTAL
	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449		
ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	OB	MED-SUR	GEN OUT			
1	11	21	31	41	51	61	71	81	91		
AISA											
1	11	20	1	1	4	3	1	1	4	1	
COMM HLTH NURS	1	1	1	1	1	1	1	1	1	1	
2	9	1	23	1	1	4	1	1	15	1	
PSY NURSING	1	1	1	1	1	1	1	1	1	1	
3	5	1	1	14	1	1	1	1	1	1	
PED NURSING	1	1	1	1	1	1	1	1	1	1	
4	6	1	1	1	1	1	10	1	3	1	
OB GYN NURSING	1	1	1	1	1	1	1	1	1	1	
5	1	1	1	1	51	4	1	1	3	1	
OPER RM NURS	1	1	1	1	1	1	1	1	1	1	
6	2	1	1	1	1	97	1	1	1	1	
ANES NURSING	1	1	1	1	1	1	1	1	1	1	
7	45	6	2	2	1	3	4	1	117	1	
MED SURG NURSING	1	1	1	1	1	1	1	1	1	1	
8	1	1	1	1	1	1	1	1	4	1	
CRIT CARE NURS	1	1	1	1	1	1	1	1	1	1	
9	5	1	1	1	1	5	1	1	18	1	
EMERG RM NRS	1	1	1	1	1	1	1	1	1	1	
10	7	1	1	1	4	3	1	1	5	1	
COLUMN TOTAL	91	48	27	19	61	121	14	171	5	537	
TOTAL	16.9	5.2	5.0	3.5	11.4	22.5	2.6	31.8	.9	100.0	

NUMBER OF MISSING OBSERVATIONS = 39

Table 5

RANCs' 1st Choice for Duty Position Assignment

DUTY POSITION	FREQUENCY	PERCENT	CUMULATIVE PERCENT
EXECUTIVE LEVEL ADMINISTRATION	204	35.4	35.5
MID MANAGEMENT/HEAD NURSE	171	29.7	65.1
STAFF OFFICER	59	10.2	75.3
INSTRUCTOR	38	6.6	81.9
CLINICAL STAFF NURSE	33	5.7	87.6
CLINICAL NURSE SPECIALIST	27	4.7	92.3
NURSE PRACTITIONER	26	4.5	96.8
NON APPLICABLE	16	2.8	99.6
OTHER	2	0.3	100.0
TOTAL	576	100.0	

VALID CASES 576

MISSING CASES 0

Table 6

RANCs' 2nd Choice for Duty Position Assignment

DUTY POSITION	FREQUENCY	PERCENT	CUMULATIVE PERCENT
MID MANAGEMENT/HEAD NURSE	154	26.7	26.7
EXECUTIVE LEVEL ADMINISTRATION	109	18.9	45.6
CLINICAL STAFF NURSE	71	12.3	57.9
INSTRUCTOR	69	12.0	69.9
CLINICAL NURSE SPECIALIST	50	8.7	78.6
STAFF OFFICER	45	7.8	86.4
NURSE PRACTITIONER	19	3.3	89.7
NON APPLICABLE	55	9.5	99.2
OTHER	4	0.7	100.0
TOTAL	576	100.0	

VALID CASES 576

MISSING CASES 0

Table 7

RANCs' 3rd Choice for Duty Position Assignment

DUTY POSITION	FREQUENCY	PERCENT	CUMULATIVE PERCENT
INSTRUCTOR	115	20.0	20.0
CLINICAL STAFF NURSE	104	18.1	38.1
MID MANAGEMENT/HEAD NURSE	80	13.9	52.0
STAFF OFFICER	68	11.8	63.8
CLINICAL NURSE SPECIALIST	45	7.8	71.6
EXECUTIVE LEVEL ADMINISTRATION	44	7.6	79.2
NURSE PRACTITIONER	20	3.5	82.7
NON APPLICABLE	96	16.7	99.4
OTHER	4	0.7	100.0
TOTAL	576	100.0	

VALID CASES 576

MISSING CASES 0

Table 8

RANCs' 1st Choice for Duty Position by Specialty Skill Identifier

COUNT		D2													ROW TOTAL
		166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449					
		ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	OB	MED-SUR	GEN DUT					
		11	21	31	41	51	61	71	81	91					
STAFF OFCR	1	17	10	4	3	1	1	9	2	1	10	1	56		
	1	1	1	1	1	1	1	1	1	1	1	1	10.4		
EXEC LVL ADMIN	2	62	11	11	5	20	31	4	47	1	1	1	191		
	1	1	1	1	1	1	1	1	1	1	1	1	35.6		
MID MGT HN	3	7	4	3	6	29	31	4	73	1	1	1	158		
	1	1	1	1	1	1	1	1	1	1	1	1	29.4		
CLIN STAFF	4	1	2	2	2	5	3	3	8	3	1	1	29		
	1	1	1	1	1	1	1	1	1	1	1	1	5.4		
CLIN NRS SPEC	5	1	1	1	1	1	21	1	3	1	1	1	27		
	1	1	1	1	1	1	1	1	1	1	1	1	5.0		
NURSE PRACT	6	1	1	1	1	1	14	1	9	1	1	1	24		
	1	1	1	1	1	1	1	1	1	1	1	1	4.5		
INSTRUCTOR	7	2	1	4	1	3	9	1	14	1	1	1	34		
	1	1	1	1	1	1	1	1	1	1	1	1	6.3		
OTHER	8	1	1	1	1	1	1	1	1	1	1	1	2		
	1	1	1	1	1	1	1	1	1	1	1	1	.4		
	10	1	1	1	1	3	3	1	6	1	1	1	16		
	1	1	1	1	1	1	1	1	1	1	1	1	3.0		
COLUMN TOTAL		91	28	27	19	61	121	14	171	5				537	
TOTAL		16.9	5.2	5.0	3.5	11.4	22.5	2.6	31.8	.9				100.0	

NUMBER OF MISSING OBSERVATIONS = 39

Suggested Utilization of Unlicensed Registered Nurses By RANCs' Licensure Status

[illegible]

Table 10

Frequency Distribution of RANCs' Peer and Self-Competency Assessment Utilizing a Cantrell Self-Anchoring Scale

	Highest Level of Capability						Lowest Level of Capability				Unknown	Missing
	6	5	4	3	2	1	0					
1. Own Nursing Capabilities last 3-5 years Active Duty	50.3% *(290)	30.4% (175)	1.9% (57)	1.9% (11)	0.5% (3)	1.9% (11)	3.2% (16)					11
2. Own Nursing Capabilities Today	20.6% (117)	22.8% (129)	22.2% (126)	14.1% (80)	8.1% (46)	8.3% (57)	4.9% (22)					9
3. RANC Colleagues' Nursing Capabilities (Question deleted because of unclear meaning)												
4. RANC Colleagues' (similar age & background) Nursing Capabilities Today	8.1% (45)	16.5% (92)	12.6% (70)	9.4% (52)	3.6% (20)	2.5% (14)	47.3% (263)					20
5. AD RANC Nursing Capabilities Today	17.8% (99)	24.7% (137)	15.7% (87)	6.1% (34)	1.3% (7)	0.4% (2)	35.1% (189)					21
6. Own Readiness for Field Nursing Last 3-5 years Active Duty	43.6% (247)	23.9% (135)	14.7% (83)	5.5% (31)	3.4% (19)	4.9% (28)	4.1% (23)					10
7. Own Readiness for Field Nursing Today	11.3% (64)	16.3% (92)	20.8% (118)	15.7% (89)	12.5% (71)	17% (100)	5.7% (32)					10
8. RANC Colleagues' Readiness for Field Nursing Last 3-5 Years Active Duty	17.4% (97)	17.9% (100)	14.9% (83)	8.6% (48)	2.0% (11)	2.2% (12)	37.1% (207)					18
9. RANC Colleagues' (similar age & background) Readiness for Field Nursing Today	4.5% (25)	12.0% (67)	13.1% (73)	11.1% (62)	4.8% (27)	5.9% (33)	48.6% (271)					18

* = n

Table 11

Frequency Distribution of RANCs' Primary Specialty Skill Identifier (SSI)/
Military Occupational Specialty (MOS)

SSI/MOS	FREQUENCY	VALID PERCENT
66A-3430 Administration	91	16.2
66B-3431 Community Health Nurse	28	5.0
66C-3447 Psychiatric Nurse	27	4.8
66D-3442 Pediatric Nurse	19	3.4
66E-3443 Operating Room Nurse	61	10.9
66F-3445 Nurse Anesthetist	121	24.6
66G-3446 OB/GYN Nurse	14	2.5
66H-3448 Medical/Surgical	171	30.5
66J-3449 General Duty Nurse	5	0.9
Don't Know/Forgotten	24	4.3
Missing Cases	15	
TOTAL	576	100.0

VALID CASES 561

Table 12

Frequency Distribution of RANCs' Secondary Specialty Skill Identifier (SSI)/
Military Occupational Specialty (MOS)

SSI/MOS	FREQUENCY	VALID PERCENT
66A-3430 Administration	27	5.6
66B-3431 Community Health Nurse	8	1.6
66C-3447 Psychiatric Nurse	24	4.9
66D-3442 Pediatric Nurse	15	3.1
66E-3443 Operating Room Nurse	29	6.0
66F-3445 Nurse Anesthetist	16	3.3
66G-3446 OB/GYN Nurse	11	2.3
66H-3448 Medical/Surgical	152	31.3
66J-3449 General Duty Nurse	25	5.2
None	74	15.3
Don't Know/Forgotten	104	21.4
Missing Cases	91	
TOTAL	576	100.0

VALID CASES 485

Table 13

Frequency Distribution of RANCs' Primary Proficiency Designator

Proficiency Designator	FREQUENCY	VALID PERCENT
9A	32	6.7
9B	116	24.4
9C	46	9.7
9D	44	9.2
None Assigned	38	8.0
Don't Know/Forgotten	200	42.0
Missing Cases	100	
	TOTAL	576
VALID CASES 476		100.0

Table 14

Frequency Distribution of RANCs' Primary Additional Skill Identifier (ASI) Code

ASI	FREQUENCY	VALID PERCENT
5K-Instructor	27	6.0
7T-Clinical Nurse Specialist	1	0.2
7U-Field Nursing	3	0.7
7V-Nurse Recruiting	2	0.3
7W-Regional Anesthesia	14	3.1
8A-Critical Care	11	2.4
8C-Thoracic/Cardiovascular	4	0.9
8D-Midwife	4	0.9
8E-Nurse Practitioner	22	4.9
8J-Infection Control	5	1.1
5K-Centralized Materiel	5	1.1
None Assigned	87	19.3
Don't Know/Forgotten	266	59.0
Missing Cases	125	
	TOTAL	576
VALID CASES 451		100.0

Table 15

Frequency Distribution of RANCs' Secondary Additional Skill Identifier (ASI) Code

ASI	FREQUENCY	VALID PERCENT
5K-Instructor	11	2.6
7T-Clinical Nurse Specialist	3	0.7
7U-Field Nursing	1	0.2
7W-Regional Anesthesia	2	0.5
8A-Critical Care	4	0.9
8D-Midwife	1	0.2
8E-Nurse Practitioner	4	0.9
8S-Infection Control	2	0.5
8K-Centralized Materiel	2	0.5
None Assigned	123	28.8
Don't Know/Forgotten	274	64.2
Missing Cases	149	
	TOTAL	576
VALID CASES 472		100.0

Table 16

Frequency Distribution of RANCs' Reported Physical Profile Categories

Rating Code			
1 = High Level of Medical Fitness	2 = Minimal Limitations	3 = Significant Limitations	4 = Severe Limitations

Profile Category	RATING CODES			
	1	2	3	4 MISSING
P(Physical Capacity & Stamina)	72.9% *(280)	15.4% (59)	9.1% (35)	2.6% (10) (192)
U(Upper Extremities)	82.4% (310)	13.0% (49)	3.5% (13)	1.1% (4) (200)
L(Lower Extremities)	74.7% (284)	11.6% (44)	10.5% (40)	3.2% (12) (196)
H(Hearing and Ears)	77.9% (296)	16.6% (63)	4.2% (16)	1.3% (5) (196)
E(Eyes)	51.4% (196)	40.9% (156)	6.3% (24)	1.3% (5) (196)
S(Psychiatric)	95.8% (362)	2.9% (11)	1.1% (4)	0.3% (4) (198)

* = n

Table 17

Selected Personal and Health Data of RANCs Who Indicated They Would Seek
Exemption From Recall

	n	%	Mean	SD	Range	Missing
1. Current Age	117		51.0 yrs	6.5	29-59	0
2. Gender						0
Male	38	32.5				
Female	79	67.5				
3. Marital Status	117					
Married	55	47.0				
Single, Divorced, Widowed	62	53.0				
4. Dependents						
a. Minors	63					54
Yes	32	50.8				
No	31	49.2				
b. Care of Adults	38	36.6				
5. Estimated Time Needed to Arrange for Minors & Adults	109					8
1-3 Days	5	4.6				
4-7 Days	8	7.3				
8-10 Days	12	11.0				
Too Difficult; Seek Exemption	36	33.0				

Table 17 (Continued)

Selected Personal and Health Data of RANCs Who Indicated They Would SeekExemption From Recall

	n	%	Mean	SD	Range	Missing
6. Estimated Time Needed to Arrange Business Commitments & Personal Matters (other than dependents)	111					6
1-3 Days	3	2.7				
4-7 Days	16	14.4				
8-10 Days	34	30.6				
Too Difficult/Seek Exemption	58	52.3				
7. Estimated Total Time Needed to Report to Duty	113		5.5 days	8.86		4
Unable to arrange/ Would Seek Exemption	69	61.1				
8. Medically Retired	116					1
Yes	19	16.4				
No	97	83.6				
9. Assessment of Present Health	115					2
Excellent	10	8.7				
Good/Satisfactory	51	44.3				
Fair	43	37.4				
Poor	11	9.7				

Table 17 (Continued)

Selected Personal and Health Data of RANCs Who Indicated They Would SeekExemption From Recall

	n	%	Mean	SD	Range	Missing
10. Physical/Mental Disability Affecting Performance as RN	117					0
Yes	67	57.3				
No	50	42.7				
11. Assessment of Recall Potential Based on Present Health	115					2
Definitely Recall	6	5.3				
Possibly Recall	39	33.9				
Possibly Excluded	43	37.4				
Definitely Excluded	27	23.5				
12. Meet Current DA Physical Fitness Requirements	116					1
Yes, with no difficulty	5	4.3				
Yes, after minimal trng	11	9.5				
Probably yes, after moderate trng	28	24.1				
Probably not, due to physical/medical condition	41	35.3				
No, due to physical/medical disability	31	26.7				

Table 18

Selected Professional and Military Data of RANCs Who Indicated They Would Seek Exemption From Recall

	n	%	Mean	SD	Range	Missing
1. Nursing License:	116					1
a. Status						
No License	12	10.3				
Inactive License	20	17.2				
Current/Valid License	84	72.4				
b. Renewal Plans	110					7
Yes	77	70.0				
No	7	6.4				
Undecided	15	13.6				
2. Nursing Practice Activity Since Retirement	116					1
Full time	36	31.0				
Part time	17	14.7				
Volunteer	3	2.6				
No practice	60	51.7				
3. Plans to Practice Nursing Until Age 60	114					3
Full time	28	24.6				
Part time	14	12.3				
Volunteer	2	1.8				
No plans to practice	70	61.4				

Table 18 (Continued)

Selected Professional and Military Data of RANCs Who Indicated They Would Seek
Exemption From Recall

	n	%	Mean	SD	Range	Missing
4. Primary SSI/MOS	114					3
66A/3430 (Admin)	14	12.3				
66B/3431 (CHN)	5	4.4				
66C/3437 (Psych)	5	4.4				
66D/3442 (Peds)	3	2.6				
66E/3443 (OR)	7	6.1				
66F/3445 (Anesth)	26	22.8				
66G/3446 (OB)	5	4.4				
66H/3448 (Med/Surg)	39	34.2				
66J/3449 (Gen Duty)	1	0.9				
Don't Know/Forgot	9	7.9				

Table 19

Frequency Distribution of Exemption Seeking RANCs' Peer and Self-Competency Assessments Utilizing a Cantrell Self-Anchoring Scale

	Highest Level of Capability						Lowest Level of Capability			Missing Cases
	6	5	4	3	2	1	0	Unknown		
1. Own Nursing Capabilities last 3-5 Years AD	47.9% *(56)	28.2% (33)	8.5% (10)	1.7% (2)	1.7% (2)	5.1% (6)	6.0% (7)	0		
2. Own Nursing Capabilities Today	17.1% (20)	12.8% (15)	15.4% (18)	18.8% (22)	6.0% (7)	22.2% (26)	7.7% (9)	0		
3. Own Readiness for Field Nursing Last 3-5 Years AD	32.5% (38)	21.4% (25)	14.5% (17)	5.1% (6)	5.1% (6)	13.7% (16)	6.8% (8)	0		
4. Own Readiness for Field Nursing Today	4.3% (5)	6.0% (7)	10.3% (12)	14.5% (17)	17.1% (20)	37.6% (44)	10.3% (12)	0		

* = n

Table 20

Mobilization/Readiness Attitudes of RANCs Who Indicated They Would Seek
Exemption From Recall

	Agree	Disagree	Missing
The Army should require eligible RANCs to be prepared for possible recall.	34.9% *(39)	65.2% (73)	5
The Army should require eligible RANCs to participate in periodic readiness training.	27.7% (31)	72.4% (81)	5
The Army has responsibility for keeping eligible RANCs professionally prepared for possible recall.	41.6% (47)	58.4% (66)	4
It is my responsibility to maintain professional competency.	64.3% (72)	35.8% (40)	5
It is my responsibility to maintain my physical fitness.	86.7% (98)	13.3% (15)	4
RANCs (RA) should be subject to recall.	49.5% (55)	50.4% (56)	6
RANCs (USAR) should be subject to recall.	42.5% (48)	57.5% (65)	4
I would want to be recalled if I were physically capable.	35.4% (40)	64.6% (73)	4
Being recalled would be a difficult experience for me.	87.6% (99)	12.4% (14)	4
Recall into the ANC would be an important way of serving my country in time of need.	44.8% (52)	55.1% (64)	1
My period of active duty should be considered sufficient service to my country without the need for a recall obligation.	75.9% (88)	24.1% (28)	1

* = n

Table 20 (Continued)

Mobilization/Readiness Attitudes of RANCs Who Indicated They Would SeekExemption From Recall

	Agree	Disagree	Missing
Knowing that I could be recalled to active duty fulfills my sense of duty to my country.	31.3% *(36)	68.7% (79)	2
Until age 60, retirees' salary should be considered a monetary retainer for possible recall rather than a pension.	20.4% (23)	79.6% (90)	4
All RNCs should be subject to the draft.	47.9% (56)	52.1% (61)	0
IN THE EVENT OF RECALL:			
I would prefer not to report to duty unless there is no other option.	94.0% (109)	6.0% (7)	1
I would expect to be assigned to a Military/Civilian medical facility (caring for military casualties) within 50 miles of my home.	80.9% (93)	19.1% (22)	2
RANCs should be assigned anywhere in CONUS and over	21.4% (25)	78.6% (92)	0
I should be allowed input in the selection of the duty position to which I would be assigned.	98.2% (113)	1.8% (2)	2
I should be allowed input concerning the geographic location of my duty assignment.	96.6% (112)	3.4% (4)	0

*n

Table 21

Mobilization Readiness Training Issues Identified by RANCs Who Indicated They
Would Seek Exemption From Recall

	n	%	Missing
1. Training Time to Feel Professionally Competent to Assume Duty Position in Area of Nursing Practice	115		2
Orient 1-2 weeks	29	25.2	
Orient 2-4 weeks (minimum)	15	13.0	
Orient 2-4 weeks w/ 2 week refresher course	24	20.9	
Extensive orient & refresher w/ OJT as needed	25	21.7	
Don't believe could function as a nurse	21	18.3	
Other None needed/I am current	1	0.9	
2. Competency as OJT Instructor in Specialty	117		0
Very competent	26	22.2	
Fairly competent	29	24.8	
Questionably competent	38	32.5	
No competent at all	24	20.5	
3. Participate in Readiness Training if Offered	117		0
Definitely Yes	6	5.1	
Probably Yes	14	12.0	
Probably No	35	29.9	
Definitely No	62	53.0	

Table 21 (Continued)

Mobilization Readiness Training Issues Identified by RANCs Who Indicated They
Would Seek Exemption From Recall

	n	%	Missing
4. Utilization of Unlicensed RNS	116		1
In clinical practice, the same as those who are licensed.	23	19.8	
As 91C (Corpspersons)	11	9.5	
In a non-nursing role	34	29.3	
Don't Know	23	19.8	
No Opinion	13	11.2	
Not at all/No recall	7	6.0	
Maintain/Regain license	2	1.7	
Nonclinical Nursing	1	0.9	
Other	2	1.7	

Table 22

Selected Personal and Health Data of RANC Nurse Anesthetists

	n	%	Mean	SD	Range	Missing
1. Current Age	121		50.7 yrs	4.4	40-59	0
2. Gender	121					0
Male	90	74.4%				
Female	31	25.6%				
3. Marital Status	121		1.2	1.3	1-6	0
Married	85	70.2%				
Single/Divorced	36	29.8%				
4. Legal Dependents	116					5
Minors						
Yes	32	27.6%				
No	84	72.4%				
Adults	112					9
Yes	29	25.9%			1-3	
No	83	74.1%				
5. Estimated Time Needed to Arrange for Minors & Adults	67					54
1-3 Days	23	34.3%				
4-7 Days	19	28.4%				
8-10 Days	18	26.9%				
Too Difficult; Seek Exemption	7	10.4%				

Table 22 (Continued)

Selected Personal and Health Data of RANC Nurse Anesthetists

	n	%	Mean	SD	Range	Missing
6. Estimated Time Needed to Arrange Business Commitments & Personal Matters (other than dependents)	115					6
1-3 Days	10	8.7%				
4-7 Days	35	30.4%				
8-10 Days	52	45.2%				
Too Difficult; Seek Exemption	18	15.7%				
7. Estimated Total Time Needed to Report to Duty	116		10.8 days	8.8	1-30	5
8. Medically Retired	120					1
Yes	5	5.0%				
No	114	95.0%				
9. Assessment of Present Health	120					1
Excellent	42	35.0%				
Good/Satisfactory	67	55.8%				
Fair	8	6.7%				
Poor	3	2.5%				

Table 22 (Continued)

Selected Personal and Health Data of RANC Nurse Anesthetists

	n	%	Mean	SD	Range	Missing
10. Assessment of Recall Potential Based on Present Health	120					1
Definitely Recall	60	50.0				
Possibly Recall	43	35.8				
Possibly Excluded	11	9.2				
Definitely Excluded	6	5.0				
11. Within Last 3 Years	120					1
a. Times Sought Medical Care (other than annual PE)						
>15 Times/Year	2	1.7				
10-14/Year	2	1.7				
5-9/Year	8	6.7				
<5/Year	66	55.0				
No visits required	42	35.0				
b. Hospitalizations	120					1
5 Times or >	1	.8				
3-4 Times	0					
1-2 Times	24	20.0				
Not hospitalized	95	79.2				
12. Prescription Medication Requirements	119					2
Regular basis daily/weekly	32	26.9				
Frequent PRN basis	2	1.7				
Very sporadic PRN basis	34	28.6				
Do not take any medications	51	42.9				

Table 22 (Continued)

Selected Personal and Health Data of RANC Nurse Anesthetists

	n	%	Mean	SD	Range	Missing
13. Physical/Mental Disability Affecting Performance as RN	118					3
Yes	18	15.3				
No	100	84.7				
14. Need for Hearing Aid:	118					3
Yes (Full/Partial)	8	6.8				
No	109	92.4				
No, but hearing is a problem	1	0.8				
15. Physical Fitness	120					1
a. Awareness of Current DA Policy						
Yes	38	31.7				
No	82	68.3				
b. Meet Current DA Physical Fitness Requirements	120					1
Yes, with no difficulty	27	22.5				
Yes, after minimal training	27	22.5				
Probably yes, after moderate training	40	33.3				
Probably not, due to physical/medical condition	22	18.3				
No, due to physical/medical disability	4	3.3				

Table 23

Selected Professional and Military Data of RANC Nurse Anesthetists

	n	%	Mean	SD	Range	Missing
1. Nursing License:	121					0
a. Status						
No License	6	5.0				
Inactive License	6	5.0				
Current/Valid License	109	90.1				
b. Renewal Plans	112					9
Yes	101	90.0				
No	4	4.0				
Undecided	7	6.0				
2. Certification	121					0
CPR						
Yes	72	59.5				
No	49	40.5				
ACLS/ATLS	118					3
Yes	27	22.9				
No	91	77.1				
CRNA	86					35
Yes	86	71.1				
3. Years Since Retirement			5.34 yrs	4.19	4-29	

Table 23

Selected Professional and Military Data of RANC Nurse Anesthetists

	n	%	Mean	SD	Range	Missing
4. Nursing Practice Since Retirement	121					0
Full time	80	66.1				
Part time	14	11.1				
Volunteer	1	0.8				
No practice	26	21.5				
5. Plans to Practice Nursing Until Age 60	119					2
Full time	67	56.3				
Part time	19	16.0				
Volunteer	3	2.5				
No plans to practice	29	24.4				
6. In Past 2 Years:						
a. Number CE Programs Attended			9.9	15.3	0-80	4
b. Number Contact Hours Achieved			59.9	71.7	0-600	9
c. Membership in Health Related Professional Organization	121					0
Yes	92	76.0				
No	29	24.0				
d. Active Participation in Professional Organization	121					0
Yes	92	76.0				
No	29	24.0				

Table 23 (Continued)

Selected Professional and Military Data of RANC Nurse Anesthetists

	n	%	Mean	SD	Range	Missing
e. Read Professional Journals	121					0
Yes	108	89.3				
No	13	10.7				
f. Read Professional Books	120					1
Yes	72	60.0				
No	48	40.0				

Table 24

Mobilization/Readiness Issues Identified by RANC Nurse Anesthetists

	n	%	Missing
1. Aware Subject to Recall	121		0
Yes	114	94.2	
No	7	5.8	
2. "Hip Pocket" Orders			
a. Received	121		
Yes	97	80.2	
No	24	19.8	
b. Communication w/ designated facility	91		30
Yes: written/phone	16	17.6	
Yes: visited	5	5.5	
Yes: written/phone/ visited	0	-	
No	70	76.9	
3. Realistic Upper Age Limit for Recall	120		1
Up to 45	2	1.7	
Up to 50	18	15.0	
Up to 55	33	27.5	
Up to 60	34	28.3	
Over 60 (as long as functional)	27	22.5	
At no time	4	3.3	
No opinion	2	1.7	

Table 24 (Continued)

Mobilization/Readiness Issues Identified by RANC Nurse Anesthetists

	n	%	Missing
			0
4. Realistic Time Limit for Recall	121		
Within 5 years after retirement	23	19.0	
Within 10 years after retirement	36	29.8	
Within 15 years after retirement	18	14.9	
Within 20 years after retirement	5	4.1	
Anytime	29	24.0	
No time	6	5.0	
No opinion	4	3.3	
5. Training Time to Feel Professionally Competent to Assume Duty Position in Area of Nursing Practice	120		1
Orient 1-2 weeks	66	55.0	
Orient 2-4 weeks (minimum)	13	10.8	
Orient 2-4 weeks w/ 2 week refresher course	13	10.8	
Extensive orient & refresher w/ OJT as needed	18	15.0	
Don't believe could function as a nurse	8	6.7	
Other			
None needed/I am current	2	1.7	

Table 24 (Continued)

Mobilization/Readiness Issues Identified by RANC Nurse Anesthetists

	n	%	Missing
6. Competency as OJT Instructor in Specialty	120		1
Very competent	65	54.2	
Fairly competent	25	20.8	
Questionably competent	14	11.7	
No competent at all	16	13.3	
7. Mobilization Readiness Training			
a. Opportunities Since Retirement in Military Setting	121		0
Yes	1	0.8	
No	120	99.2	
b. Interest in participation if training offered	121		0
Definitely Yes	34	28.1	
Probably Yes	31	25.6	
Probably No	29	24.0	
Definitely No	27	22.3	
c. Interest in training with local reserve unit	121		0
Definitly Yes	30	24.8	
Probably Yes	33	27.3	
Probably No	25	20.7	
Definitely No	33	27.3	
8. Compensation for Training	121		0
Yes	98	81.0%	
No	14	14.0%	
Other	6	5.0%	

Table 24 (Continued)

Mobilization/Readiness Issues Identified by RANC Nurse Anesthetists

*9. "What type(s) of programs do you believe the Army should provide to maintain the preparedness of RANCs?"

	n	%
a. Periodic training with local reserve unit	39	32.2
b. Periodic refresher correspondence course	12	9.9
c. Periodic classroom courses	9	7.4
d. Periodic conferences at a military installation	36	29.8
e. Periodic civilian refresher courses given where retirees are located	11	9.1
f. Periodic field training exercises	18	14.9
g. Periodic "hands on" clinical experience at an Army medical treatment facility	49	40.5
h. Periodic "hands on" clinical experience in civilian facility where retirees are located	11	9.1
i. Newsletters updating retirees on organizational policies/Army doctrine/advances in nursing practice	52	43.0
j. Don't Know/No opinion	9	7.4
k. None/Not necessary	18	14.9

*Multiple Response Question

n= Number of RANC Nurse Anesthetists Selecting Response

%= Percentage of All Nurse Anesthetists Selecting Specific Response

Total Number of RANC Nurse Anesthetists Answering Question: 121

TOTAL RESPONSES SELECTED: 264

Mean Number of Responses Selected by Each Nurse Anesthetist: 2.18

Table 24 (Continued)

Mobilization/Readiness Issues Identified by RANC Nurse Anesthetists

*10. "In the event of recall, reorientation should focus on:"

	n	%
a. Clinical/technical skills	75	62.0
b. Organizational relationships	41	33.9
c. Pathophysiology	14	11.6
d. Nursing assessment/ diagnosis	21	17.4
e. Clinical documentation	28	23.1
f. Standards of practice	39	32.2
g. Quality Assurance	23	19.0
h. Changes in Army doctrine/regulation	79	65.3
i. Don't Know	1	0.8
j. No opinion	7	5.8

*Multiple Response Question

n= Number of RANC Nurse Anesthetists Selecting Response

%= Percentage of All Nurse Anesthetists Selecting Specific Response

Total Number of RANC Nurse Anesthetists Answering Question: 121

TOTAL RESPONSES SELECTED: 335

Mean Number of Responses Selected by Each Nurse Anesthetist: 2.77

Table 24 (Continued)

Mobilization/Readiness Issues Identified by RANC Nurse Anesthetists

*11. "In the event of recall, how should the professional competency and skills of RANCs be determined?"

	n	%
a. "Paper and pencil" exam	14	11.6
b. Clinical skill verification	87	71.9
c. Classroom refresher course	29	24.0
d. Clinical refresher course	41	33.9
e. Assessment of professional competency/skills not needed	14	11.6
f. Don't Know	1	0.8
g. No Opinion	6	5.0
Other		
Current license/recency of nursing activity	17	14.0
Self Assessment	1	0.8
Other (depends on position/personal interviews)	3	3.5

*Multiple Response Question

n= Number of RANC Nurse Anesthetists Selecting Response

%= Percentage of All Nurse Anesthetists Selecting Specific Response

Total Number of RANC Nurse Anesthetists Answering Question: 121

TOTAL RESPONSES SELECTED: 213

Mean Number of Responses Selected by Each Nurse Anesthetist: 1.77

Table 25

Mobilization/Readiness Attitudes of RANC Nurse Anesthetists

	Agree	Disagree	Missing
The Army should require eligible RANCs to be prepared for possible recall.	62.6% *(72)	37.4% (43)	6
The Army should require eligible RANCs to participate in periodic readiness training.	48.7% (56)	51.3% (59)	6
The Army has responsibility for keeping eligible RANCs professionally prepared for possible recall.	53.0% (61)	47.0% (54)	6
It is my responsibility to maintain professional competency.	81.9% (95)	18.1% (21)	5
It is my responsibility to maintain my physical fitness.	93.1% (108)	6.9% (9)	5
RANCs (RA) should be subject to recall.	79.1% (91)	20.9% (24)	6
RANCs (USAR) should be subject to recall.	75.9% (88)	24.1% (28)	5
I would want to be recalled if I were physically capable.	71.6% (83)	28.4% (33)	5
Being recalled would be a difficult experience for me.	48.7% (56)	51.3% (59)	6
Recall into the ANC would be an important way of serving my country in time of need.	80.0% (96)	20.0% (24)	1
My period of active duty should be considered sufficient service to my country without the need for a recall obligation.	38.7% (46)	(61.4%) (73)	2

* = n

Table 25 (Continued)

Mobilization/Readiness Attitudes of RANC Nurse Anesthetists

	Agree	Disagree	Missing
Knowing that I could be recalled to active duty fulfills my sense of duty to my country.	60.3% *(70)	39.6% (46)	5
Until age 60, retirees' salary should be considered a monetary retainer for possible recall rather than a pension.	43.2% (51)	56.8% (67)	3
All RNs should be subject to the draft.	60.8% (73)	39.1% (47)	1
IN THE EVENT OF RECALL:			
I would prefer not to report to duty unless there is no other option.	48.7% (58)	51.3% (61)	2
I would seek a waiver to be exempted from recall.	21.7% (26)	78.3% (94)	1
I would expect to be assigned to a Military/Civilian medical facility (caring for military casualties) within 50 miles of my home.	65.5% (78)	34.5% (41)	2
RANCs should be assigned anywhere in CONUS and overseas.	41.7% (50)	58.3% (70)	1
I should be allowed input in the selection of the duty position to which I would be assigned.	96.6% (115)	3.4% (4)	2
I should be allowed input concerning the geographic location of my duty assignment.	89.5% (105)	12.5% (15)	1

* = n

Table 26

Frequency Distribution of RANC Nurse Anesthetists' Peer and Self-Competency Assessments Utilizing Cantrell Self-Anchoring Scale

	Highest Level of Capability						Lowest Level of Capability				Missing Cases
	6	5	4	3	2	1	0	Unknown			
1. Own Nursing Capabilities last 3-5 Years AD	72.9% *(86)	20.3% (24)	5.8% (7)	-	0.8% (1)	-	1.7% (2)				1
2. Own Nursing Capabilities Today	45.8% (54)	22.0% (26)	14.0% (17)	5.0% (6)	5.8% (7)	6.6% (8)	2.5% (3)				0
3. Own Readiness for Field Nursing Last 3-5 Years AD	63.2% (74)	16.2% (19)	12.8% (15)	4.3% (5)	-	3.4% (4)	7.5% (3)				1
4. Own Readiness for Field Nursing Today	24.6% (28)	14.9% (17)	29.8% (34)	9.6% (11)	5.3% (6)	15.8% (18)	5.0% (6)				1

* = n

Table 27

RANC Nurse Anesthetists' Reported Self-Assessment AdministeringSelected Anesthetic Agents

VARIABLE	Very Competent 1	Fairly Competent 2	Questionably Competent 3	NOT Competent 4	Missing
1. Admin Anesthesia in Combat Field Situation	61.1% *(69)	21.2% (24)	11.5% (13)	6.2% (7)	8
2. Admin Regional Anesthetics					
Axillary (Brachial Plexus) Blocks	41.4% (48)	26.7% (31)	14.7% (17)	17.2% (20)	5
IV Blocks	64.1% (75)	16.2% (19)	10.3% (12)	9.4% (11)	4
Subarachnoid/ Spinal	55.1% (65)	15.3% (18)	12.7% (15)	16.9% (20)	3
Epidural Blocks	27.0% (31)	13.9% (16)	22.6% (26)	36.5% (42)	6
3. Admin General Anesthetic Agents					
a. Narcotics					
1. IV Valium	72.9% (86)	14.4% (17)	7.6% (9)	5.1% (6)	3
2. MS	64.4% (76)	19.5% (23)	9.3% (11)	6.8% (8)	3
3. Demerol	66.9% (79)	17.8% (21)	9.3% (11)	5.9% (7)	3
4. Sublimaze	72.9% (86)	14.4% (17)	7.6% (9)	5.2% (6)	3

* = n

Table 27 (Continued)

RANC Nurse Anesthetists' Reported Self-Assessment AdministeringSelected Anesthetic Agents

	Very Competent 1	Fairly Competent 2	Questionably Competent 3	NOT Competent 4	Missing
b. Relaxants					
1. IV Curare	72.6% *(85)	15.4% (18)	7.7% (9)	4.3% (5)	4
2. Anectine	73.7% (87)	14.4% (17)	7.7% (9)	4.2% (5)	3
3. Pavulon	72.9% (86)	10.2% (12)	11.0% (13)	5.9% (7)	3
c. Inhalation					
1. Fluothane	73.7% (87)	13.6% (61)	8.5% (10)	4.2% (5)	3
2. Ethrane	69.5% (82)	12.7% (15)	10.2% (12)	7.6% (9)	3
3. Forane	55.1% (65)	11.0% (13)	8.5% (10)	25.4% (30)	3

*=n

Table 28

RANC Anesthetists' Reported 1984 Average Annual Anesthesia Case Load

American Society of Anesthesiology Classification of Surgical Cases	Number of Cases		
	Mean	Range	SD
Category 1 (No organic, physiological, biochemical or psychological disturbance. Localized surgery required with no systemic involvement, e.g., hernia, uterine fibroids.)	147	9-800	161.2
Category 2 (Mild to moderate systemic disease either medically or the reason for the surgical procedure, e.g., organic essential hypertension, extremes of age such as the neonate or octogenarian, obesity or chronic bronchitis.)	121.8	10-650	132.2
Category 3 (Severe systemic disturbances or disease from whatever cause, e.g., organic heart disease, severe diabetic, mild to moderate pulmonary insufficiency, angina pectoris, or healthy post MI.)	83.2	3-500	99.9
Category 4 (Individuals w/severe systemic problems already life threatening, e.g., organic heart disease w/persistent angina, advanced pulmonary disease or hepatic/renal involvement.)	41.9	2-400	71.2
Category 5 (Moribund patient w/little chance of survival without surgery which is done in desperation, e.g., abdominal aneurysm w/shock, cerebral trauma w/in- creased intracranial pressure, pulmonary embolism.)	11.9	1-117	21.4

***Table 29**

Content Analysis of Written Comments Regarding Mobilization/Readiness

	n	%
General Comments:		
Positive	53	19.9
Negative	42	15.8
Miscellaneous	15	5.6
Physical Fitness	8	3.0
Rank-Pay-Allowances	18	6.8
Communication:		
Results of Study	13	4.9
With the Army/ANC	26	9.8
Between Retirees	9	3.4
Of Mobilization Requirements	6	2.3
Requests for Information	14	5.3
Miscellaneous	1	0.4
Dependent/Relocation Concerns	16	6.0

***Multiple Response Question**

n= Number of Respondents Commenting About Category

Percent = Percentage of All Respondents Commenting About Specific Category

Total Number of RANC Making Written Comments: 266

*Table 29 (Continued)

Content Analysis of Written Comments Regarding Mobilization/Readiness

	n	%
Competency/Readiness for Recall/Retraining:		
General Comments on Competency	17	6.4
Professional Competency, Licensure Issue	10	3.8
Professional Competency, Clinical vs Admin	12	4.5
Professional Competency, Inactivity in Nursing	25	9.4
Readiness	7	2.6
Retraining	25	9.4
Recall Assignment:		
Location	17	6.4
Communication	6	2.3
Miscellaneous	5	1.9
Uniform Requirements	29	10.9
Criteria for Recall:		
Health	14	5.3
Voluntary	9	3.4
Situation	27	10.2
Competency	18	6.8
Removed from Mobilization Status	8	3.0

Total Comments: 450

Mean Number of Comments Offered By Each Respondent = 1.69

***Table 30**

Content Analysis of Written Comments Regarding the Survey

	n	%
General Comments:		
Positive	42	30.7
Negative	22	16.1
Miscellaneous	8	5.8
Health/Disability	19	13.9
Financial Concerns/ Business Status	10	7.3
Expectations (Ranc/Pro- motion/Salary, Allowances, Job Specifics, Changes in MO's)	19	13.9
Competency/Other Employ- ment/Training/Areas of Specializaiton	27	19.7
Privacy/Anonymity/ Confidentiality	3	2.2
Clarification of Questions:		
Section 1: Mobilization Readiness	8	5.8
Section 2: Professional Data	7	5.1
Section 3: Mobilization/ Readiness Attitudes	7	5.1
Section 4: Military Background	0	
Section 5: Personal Data	1	0.7
Section 6: Health Status	4	2.9

***Multiple Response Question**

n= Number of Respondents Commenting About Category

Percent = Percentage of All Respondents Commenting About Specific Category

Total Number of RANC Making Written Comments: 137

TOTAL COMMENTS: 117

Mean Number of Comments Offered by Each Respondent: 1.29

APPENDIX D

Crosstabulations of Selected Variables

by

Primary Specialty Skill Identifier (SSI)/

Military Occupational Specialty (MOS) Code

Table 1

RANCs' Awareness of Recall Status By Primary Specialty Skill Identifier (SSI)/Military

Occupational Specialty (MOS) Code

		D2														RDM TOTAL				
COUNT	1	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449										
		ADMIN	CIN	PSYCH	PEDS	OR	ANESTH	DB	MED-SUR	GEN LWT										
		11	21	31	41	51	61	71	81	91										
A1		-----																		

YES	1	88	1	24	1	25	1	16	1	57	1	114	1	12	1	162	1	5	1	503
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	94.0
NO	2	1	4	1	2	1	3	1	3	1	7	1	2	1	9	1	1	1	1	32
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6.0
COLUMN	90	-----																		
	28	-----																		
TOTAL	16.8	5.2	5.0	27	19	60	121	22.6	14	171	5							535		
					3.6	11.2	2.6	32.0	.5	100.0										

NUMBER OF MISSING OBSERVATIONS = 41

Table 2

Percentage of RANCs Reporting Receipt of "Hip Pocket" Orders By Primary Specialty

Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT		02														ROW TOTAL
		166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449						
		ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	DB	MED-SUR	GEN DUT						
		11	21	31	41	51	61	71	81	91						
AZA	1	79	1	22	1	16	1	51	1	97	1	10	1	129	1	431
YES	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	80.4
NO	2	12	1	5	1	3	1	10	1	24	1	4	1	41	1	105
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	19.6
COLUMN	91	28	27	19	3.5	61	121	14	170	5					536	
TOTAL	17.0	5.2	5.0	3.5	11.4	22.6	2.6	31.7	.9	100.0						

NUMBER OF MISSING OBSERVATIONS = 40

Table 3

Percentage of RANCs Reporting Communication with Designated "Hip Pocket" Facility
by Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	ROW TOTAL
		ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	OB	MED-SUR	GEN DUT	
A28		11	21	31	41	51	61	71	81	91	
1	WRITE OR PHONE	19	7	6	3	15	16	3	19		88
2	VISIT FACILITY	1	1		1	1	5		5		14
3	WRITE PHONE VISI	1									3.4
4	NO	54	14	17	10	32	70	5	97	4	303
COLUMN TOTAL		75	22	23	14	48	91	8	125	4	410
TOTAL		18.3	5.4	5.6	3.4	11.7	22.2	2.0	30.5	1.0	100.0

NUMBER OF MISSING OBSERVATIONS = 166

Percentage of RANCs Reporting Use of Sources for "Keeping in Touch" with ANC/Army

Specialty (MOS) Code

PERCENTS AND TOTALS BASED ON RESPONDENTS

SEE ALID CASES

45 MISSING CASES

Table 5

RANCs' Perceptions for Realistic Age Limit for Recall After Retirement by Primary

Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2										ROW
	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	TOTAL	
	ADMIN	CHN	PSYCH	PEDS	UR	ANESTH	OB	MED-SUR	GEN DUT		
A4	11	21	31	41	51	61	71	81	91		
UP TO AGE 45	1	1	1	1	1	2	1	5	1	11	
	1	1	1	1	1	1	1	1	1	2.1	
UP TO AGE 50	2	8	5	4	2	9	18	25	1	72	
	1	1	1	1	1	1	1	1	1	13.4	
UP TO AGE 55	3	18	6	8	3	9	33	41	1	124	
	1	1	1	1	1	1	1	1	1	23.1	
UP TO AGE 60	4	28	4	3	6	20	34	58	4	163	
	1	1	1	1	1	1	1	1	1	30.4	
OVER 60 YRS	5	31	12	11	6	21	27	38	1	147	
	1	1	1	1	1	1	1	1	1	27.4	
AT NO TIME	6	3	1	1	1	1	4	2	1	11	
	1	1	1	1	1	1	1	1	1	2.1	
NO OPINION	7	2	1	1	1	2	1	2	1	8	
	1	1	1	1	1	1	1	1	1	1.5	
COLUMN TOTAL	91	28	27	19	61	120	14	171	5	536	
	17.0	5.2	5.0	3.5	11.4	22.4	2.6	31.9	.9	100.0	

NUMBER OF MISSING OBSERVATIONS = 40

Table 6

RANCs' Perceptions for Realistic Time Limit for Recall after Retirement By Primary

Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	U2	A5													RDM TOTAL
		166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	GEN OUT	81	71	61	
		ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	OB	HED-SUR						
		11	21	31	41	51	61	71	81	91					
1	1	25	10	1	7	1	6	1	18	1	23	1	4	1	146
2	1	32	7	1	5	1	16	1	36	1	7	1	60	1	27.3
3	1	4	2	1	3	1	10	1	18	1	17	1	1	1	171
4	1	2	1	1	2	1	2	1	5	1	1	1	1	1	32.0
5	1	19	6	1	7	1	14	1	29	1	1	1	1	1	59
6	1	5	1	1	1	1	1	1	6	1	1	1	1	1	11.0
7	1	3	1	1	1	1	1	1	4	1	1	1	1	1	18
COLUMN TOTAL		90	28	27	18	61	121	14	170	5	31.8	104	19.5	21	3.9
TOTAL		16.9	5.2	5.1	3.4	11.4	22.7	2.6	31.8	.9	100.0	534	100.0	534	100.0

NUMBER OF MISSING OBSERVATIONS = 42

Table 7

RANCs' Perceptions for the Amount of Training Needed to Feel Professionally Competent
By Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2	166A-3430 66B-3431 66C-3447 66D-3442 66E-3443 66F-3445 66G-3446 66H-3448 66J-3449												ROW TOTAL
		ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	OB	MED-SUR	GEN	DUT	81	91	
A6		11	21	31	41	51	61	71	81	91				
1 2 WKS ORIENT	1	50	9	16	9	26	66	6	61	1	1	1	243	
	1		1	1		1		1	1			1	45.6	
2 4 WKS ORIENT	2	16	6	1	1	8	13	2	28	1	1	1	76	
	1	1	1	1	1	1	1	1	1	1	1	1	14.3	
2 WK REFRESHER	3	15	6	7	7	17	13	4	48	1	1	1	117	
	1	1	1	1	1	1	1	1	1	1	1	1	22.0	
EXTENSIVE REFRES	4	9	3	2	1	6	18	1	23	1	3	1	66	
	1	1	1	1	1	1	1	1	1	1	1	1	12.4	
AT NO TIME	5	1	3	1	1	2	8	1	11	1	1	1	29	
	1	1	1	1	1	1	1	1	1	1	1	1	5.4	
OTHER	6	1	1	1	1	1	2	1	1	1	1	1	2	
	1	1	1	1	1	1	1	1	1	1	1	1	.4	
COLUMN TOTAL		91	27	27	19	59	120	14	171	5			533	
		17.1	5.1	5.1	3.6	11.1	22.5	2.6	32.1	.9			100.0	

NUMBER OF MISSING OBSERVATIONS = 43

Table 3

RAHCs' Perceptions of Competency to Serve as an "On-the-Job" Instructor By Primary

Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2														ROW TOTAL
	166A-3430 ADMIN	66B-3431 CHN	66C-3447 PSYCH	66D-3442 PEDS	66E-3443 OR	66F-3445 ANESTH	66G-3446 DB	66H-3448 MED-SUR	66J-3449 GEN OUT					TOTAL	
A7	11	21	31	41	51	61	71	81	91						
1	26	6	16	5	30	65	1	51	1	1	1	1	1	200	
														37.5	
2	41	12	6	5	20	25	8	63	1	1	1	1	1	180	
														33.7	
3	13	6	2	4	8	14	5	39	1	1	1	1	1	91	
														17.0	
4	11	3	3	5	3	16	1	17	4	1	1	1	1	63	
														11.8	
COLUMN TOTAL	91	27	27	19	61	120	14	170	5					534	
	17.0	5.1	5.1	3.6	11.4	22.5	2.6	31.8	.9					100.0	

NUMBER OF MISSING OBSERVATIONS = 42

Table 9

Percentage of RANCs with Readiness Training Opportunities Since Retirement By

Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

AB	COUNT	D2														RDM TOTAL
		166A-3430	166B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	66K-3449	66L-3449	66M-3449	66N-3449	66O-3449	
		ADMIN	CHN	PSYCH	PEDS	DR	ANESTH	OB	MED-SUR	GEN	OUT	GEN	OUT	GEN	OUT	
YES	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	9
NO	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1.7
		91	27	26	19	58	120	14	168	5	5	5	5	5	5	528
		91	28	27	19	61	121	14	171	5	5	5	5	5	5	537
		16.9	5.2	5.0	3.5	11.4	22.5	2.6	31.8	.9	.9	.9	.9	.9	.9	100.0

NUMBER OF MISSING OBSERVATIONS = 39

Table 10

Percentage of RANCs Interested in Participating in Offered Mobilization Readiness

Training By Primary Specialty Skill Identifier (SSI)/Military Occupational

Specialty (MOS) Code

COUNT	D2	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	ROM TOTAL
		ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	DB	HED-SUR	GEN DUT	
49		11	21	31	41	51	61	71	81	91	
DEFINITE YES	1	34	10	11	5	23	34	2	46	2	167
											31.1
PROBABLY YES	2	24	10	8	4	20	31	7	61	2	167
											31.1
PROBABLY NO	3	18	4	3	6	11	29	2	34	1	108
											20.1
DEFINITE NO	4	15	4	5	4	7	27	3	30	1	95
											17.7
COLUMN TOTAL		91	28	27	19	51	121	14	171	5	537
		16.9	5.2	5.0	3.5	11.4	22.5	2.6	31.8	.9	100.0

NUMBER OF MISSING OBSERVATIONS = 39

Table 11

RANCs Interested in Training With Reserve Units By Primary Specialty Skill Identifier

(SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2											ROW
		ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	OB	MED-SUR	GEN OUT	TOTAL	
A10		11	21	31	41	51	61	71	81	91		
DEFINITE YES	1	24	7	8	4	14	30	2	36	1	126	
											23.5	
PROBABLY YES	2	23	8	8	5	21	33	5	56	2	161	
											30.0	
PROBABLY NO	3	24	8	6	3	15	25	2	47	2	132	
											24.6	
DEFINITE NO	4	20	5	5	7	11	33	4	32	1	117	
											21.8	
COLUMN TOTAL		91	28	27	19	61	121	13	171	5	536	
		17.0	5.2	5.0	3.5	11.4	22.6	2.4	31.9	.9	100.0	

NUMBER OF MISSING OBSERVATIONS = 40

Table 12

RAMCs' Preferences for Training Programs By Primary Specialty Skill Identifier

(SSI)/Military Occupational Specialty (MOS) Code

D2

COUNT		166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	ROW									
1		ADMIN	CIN	PSYCH	PEDS	DR	ANESTH	OB	MED-SUR	GEN DUT	TOTAL									
ALL	1	1	1	2	1	3	1	4	1	5	1	6	1	7	1	8	1	9	1	168
	RESERVE ING	1	30	1	8	1	10	1	6	1	13	1	39	1	5	1	57	1	0	31.3
	REFRESHER CORRESP	2	17	1	7	1	5	1	13	1	12	1	4	1	51	1	2	1	116	
CLASSROOM CRSE	3	1	15	1	6	1	5	1	4	1	6	1	9	1	2	1	34	1	0	21.6
	15.1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	81	
	268	1	58	1	18	1	15	1	7	1	29	1	36	1	8	1	97	1	0	49.9
CUNF MIL INSTALL	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	93	
	17.3	5	1	16	1	11	1	2	1	12	1	11	1	2	1	35	1	2	17.3	
	98	1	19	1	7	1	7	1	0	1	9	1	18	1	2	1	35	1	1	18.2
FLD ING EXERC	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	251	
	46.7	7	1	34	1	16	1	15	1	6	1	33	1	49	1	6	1	89	1	46.7
	50	1	5	1	5	1	1	1	0	1	6	1	11	1	1	1	20	1	1	9.3
HANDS ON CIV CL	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	324	
	60.3	9	1	61	1	23	1	16	1	12	1	34	1	52	1	7	1	117	1	60.3
	31	1	7	1	1	1	5	1	4	1	1	1	9	1	1	1	3	1	0	5.8
? NU OPINION	10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	40	
	7.4	1	4	1	2	1	0	1	1	1	3	1	18	1	0	1	12	1	0	7.4
	CULUMN TOTAL	91	28	27	5.0	3.5	11.4	22.5	14	2.6	31.8	5	0.9	537	100.0					

PERCENTS AND TOTALS BASED ON RESPONDENTS

537 VALID CASES

39 MISSING CASES

Table 13

RANCs' Opinions Regarding Mobilization Readiness Training By Primary Specialty

Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2	166A-3430 66B-3431 66C-3447 66D-3442 66E-3443 66F-3445 66G-3446 66H-3448 66J-3449												TOTAL
		ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	UB	MED-SUR	GEN DUT	GEN DUT	GEN DUT		
1	11	21	21	11	46	98	9	121	3	1	387			
2	21	3	2	6	10	14	3	33	2	1	72.1			
3	7	4	2	2	3	3	1	14	1	1	94			
4	1	1	1	1	1	1	1	1	1	1	17.5			
5	1	1	1	1	1	1	1	1	1	1	36			
6	2	1	1	1	1	2	1	1	1	1	5.7			
7	2	1	1	1	1	1	1	1	1	1	1			
8	1	1	2	1	1	3	1	3	1	1	11			
COLUMN TOTAL	91	28	27	19	61	121	14	171	5	537				
TOTAL	16.9	5.2	5.0	3.5	11.4	22.5	2.6	31.8	.9	100.0				

NUMBER OF MISSING OBSERVATIONS = 39

Table 14

Mobilization Reorientation Topics Identified by RANCs By Primary Specialty Skill

Identifier (SSI)/Military Occupational Specialty (MOS) Code

02

COUNT	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	ROM
	ADMIN	CHN	PSYCH	PEDS	DR	ANESTH	OB	MED-SUR	GEN DUT	TOTAL
A13	1	1	2	1	3	1	4	1	5	1
CL TECH SKILLS	1	52	1	19	1	12	1	15	1	358
ORGAN RELATIONS	2	55	1	19	1	19	1	7	1	265
PATHOPHYSIOLOGY	3	16	1	7	1	3	1	2	1	97
MURS ASSESS DIAG	4	37	1	13	1	11	1	7	1	218
CL DOCUMENTATION	5	41	1	16	1	13	1	3	1	218
STD OF PRACTICE	6	55	1	16	1	12	1	6	1	254
QUALITY ASSUR	7	44	1	14	1	8	1	3	1	180
CHG DUCT REGUL	8	84	1	24	1	24	1	14	1	434
DGN'T KNOW	9	1	1	0	1	0	1	0	1	6
NC DEFINION	10	0	1	1	1	1	1	0	1	1.1
MSG ACT AT RECALL	11	1	1	1	0	1	1	1	1	12
OTHEP	12	1	1	0	1	0	1	0	1	2.2
COLUMN TOTAL	91	28	27	19	61	121	14	171	5	537
TOTAL	16.9	5.2	5.0	3.5	11.4	22.5	2.6	31.8	0.9	100.0

PERCENTS AND TOTALS BASED ON RESPONDENTS

537 VALID CASES

39 MISSING CASES

Table 15

Methods Recommended by RANCs to Evaluate Professional Competency By Primary Specialty

Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

D2																	
COUNT	166A-3430	668-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449								
	ADMIN	CHN	PSYCH	PEDS	DR	ANESTH	OB	G	MED-SUR	GEN	DUT						
A14	1	1	2	1	3	1	4	1	5	1	6	1	7	1	8	1	
EXAM	1	13	1	9	1	5	1	4	1	5	1	14	1	2	1	40	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
CL SKILL VERIF	2	1	17	1	10	1	9	1	30	1	87	1	7	1	84	1	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
CLSRM REFRESHER	3	1	17	1	12	1	11	1	22	1	29	1	9	1	92	1	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
CLIN REFRESHER	4	1	17	1	11	1	11	1	35	1	41	1	10	1	94	1	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
ASSESS NUT NEC	5	1	2	1	5	1	4	1	4	1	14	1	0	1	10	1	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
DON'T KNOW	6	1	2	1	0	1	2	1	2	1	1	1	1	1	9	1	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
NO OPINION	7	1	0	1	3	1	0	1	2	1	6	1	0	1	4	1	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
CURRENT LIC-NSG ACT	8	1	1	1	2	1	1	1	4	1	17	1	0	1	10	1	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
SELF ASSESSMENT	9	1	0	1	0	1	1	1	0	1	1	1	1	1	0	1	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	10	1	1	1	0	1	0	1	0	1	3	1	0	1	7	1	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
COLUMN TOTAL	90	28	27	18	60	121	14	171	5								
TOTAL	16.9	5.2	5.1	3.4	11.2	22.7	2.6	32.0	0.9								
	534																100.0

PERCENTS AND TOTALS BASED ON RESPONDENTS

534 VALID CASES

42 MISSING CASES

Table 16

RANCs' First Choice for Clinical Specialty Assignment By Primary Specialty Skill

Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT		D2										ROW
		166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	TOTAL	
		ADMIN	CHN	PSYCH	PEDS	DR	ANESTH	OB	MED-SUR	GEN OUT		
		11	21	31	41	51	61	71	81	91		
1	COMM HLTH NURS	11	20	1	1	4	3	1	1	4	43	
		1	1	1	1	1	1	1	1	1	8.0	
2	PSY NURSING	9	1	23	1	1	4	1	1	15	54	
		1	1	1	1	1	1	1	1	1	10.1	
3	PED NURSING	5	1	1	14	1	1	1	1	1	22	
		1	1	1	1	1	1	1	1	1	4.1	
4	OB GYN NURSING	6	1	1	1	1	1	10	1	3	21	
		1	1	1	1	1	1	1	1	1	3.9	
5	OPER RM NURS	1	1	1	1	51	4	1	1	3	60	
		1	1	1	1	1	1	1	1	1	11.2	
6	ANES NURSING	2	1	1	1	1	97	1	1	1	101	
		1	1	1	1	1	1	1	1	1	18.8	
7	MED SURG NURSING	45	6	2	2	1	3	4	1	117	180	
		1	1	1	1	1	1	1	1	1	33.5	
8	CRIT CARE NURS	1	1	1	1	1	1	1	1	4	6	
		1	1	1	1	1	1	1	1	1	1.1	
9	EMERG RM NRS	5	1	1	1	1	5	1	1	18	29	
		1	1	1	1	1	1	1	1	1	5.4	
10		7	1	1	1	4	3	1	1	5	21	
		1	1	1	1	1	1	1	1	1	3.9	
COLUMN TOTAL		91	28	27	19	61	121	14	171	5	537	
		16.9	5.2	5.0	3.5	11.4	22.5	2.6	31.8	.9	100.0	

NUMBER OF MISSING OBSERVATIONS = 39

Table 17

RANCs' First Choice for Duty Position Assignment by Primary Specialty Skill Identifier

(SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2													TOTAL				
		166A-3430	66R-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	GEN DUT	81	91					
A16A																		
STAFF OFCR	1	17	1	10	1	4	1	3	1	1	9	1	2	1	10	1	56	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	10.4	
EXEC LVL ADMIN	2	62	1	11	1	11	1	5	1	20	1	31	1	4	1	47	1	191
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	35.6	
MID MGT IIN	3	7	1	4	1	3	1	6	1	29	1	31	1	4	1	73	1	158
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	29.4	
CLIN STAFF	4	1	1	2	1	2	1	2	1	5	1	3	1	3	1	8	1	29
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	5.4	
CLIN NRS SPEC	5	1	1	1	1	1	1	1	1	1	21	1	1	1	3	1	27	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	5.0	
NURSE PRACT	6	1	1	1	1	1	1	1	1	1	14	1	1	1	9	1	24	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	4.5	
INSTRUCTOR	7	2	1	1	1	4	1	1	1	3	1	9	1	1	14	1	34	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6.3	
OTHER	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	.4	
10	1	1	1	1	1	1	1	1	1	3	1	3	1	1	6	1	16	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3.0	
COLUMN TOTAL	91	28	27	5.0	19	61	121	14	171	5	171	31.8	5	100.0	.9	537	100.0	
	16.9	5.2	5.0	3.5	3.5	11.4	22.5	2.6	31.8	.9	31.8	100.0	.9	537	100.0	100.0		

NUMBER OF MISSING OBSERVATIONS = 39

Table 18

RANCs' Opinions Regarding the Utilization of Unlicensed Registered Nurses by Primary

Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT		D2														TOTAL	
		166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449							
		ADMIN	CHN	PSYCH	PEDS	DR	ANESTH	DB	MED-SUR	GEN DUT							
A17		11	21	31	41	51	61	71	81	91							
CLIN PRACTICE	1	18	7	6	6	26	32	3	25	3					126		
															24.0		
91C	2	12	5	2	2	3	8	4	22	1					58		
															11.0		
NUN NURS ROLE	3	33	6	10	4	9	23	2	54	1					142		
															27.0		
DON'T KNOW	4	8	5	1	3	12	21	2	33	1					86		
															16.4		
NO OPINION	5	8	1	1	1	3	16	1	14						43		
															8.2		
NUT AT ALL-NO RE	6	6	1	1	1	3	9	2	6	1					28		
															5.3		
MAINT-REGAIN LIC	7	2	2	2	1	2	7	1	5	1					20		
															3.8		
NUNCLIN NSG	8	1	1	1	1	1	1	1	7	1					10		
															1.9		
OTHER	9	2	2	3	1	1	1	1	2	1					12		
															2.3		
COLUMN TOTAL		90	28	26	18	59	118	13	168	5					525		
		17.1	5.3	5.0	3.4	11.2	22.5	2.5	32.0	1.0					100.0		

NUMBER OF MISSING OBSERVATIONS = 51

Table 19

RANCs' Combat Field Experience By Primary Specialty Skill Identifier (SSI)/Military

Occupational Specialty (MOS) Code

D2

COUNT	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	ROW TOTAL							
	ADMIN	CHN	PSYCH	PEDS	DR	ANESTH	OB	HED-SUR	GEN OUT								
A18	1	1	2	1	4	1	5	1	6	1	7	1	8	1	9	1	131
CLIN STAFF NRS	1	27	1	5	1	6	1	14	1	18	1	6	1	49	1	2	24.8
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
CLIN HEAD NRS	2	36	1	4	1	6	1	12	1	21	1	3	1	65	1	0	151
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	28.5
SUPERVISOR	3	30	1	2	1	5	1	4	1	36	1	5	1	54	1	2	183
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	34.6
ANESTHETIST	4	1	1	1	0	1	0	1	0	1	92	1	0	1	4	0	98
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18.5
DR NURSE	5	5	1	1	0	1	1	40	1	9	1	0	1	3	1	0	59
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	11.2
ASST CH NURSE	6	16	1	2	1	1	2	5	1	14	1	3	1	24	1	1	68
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	12.9
CHIEF NURSE	7	31	1	2	1	0	1	1	1	7	1	1	1	16	1	0	59
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	11.2
NO COMBAT EXP	8	17	1	16	1	13	1	10	1	11	1	4	1	49	1	1	134
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	25.3
IN FLD UNIT	9	16	1	5	1	4	1	1	1	5	1	13	1	0	1	36	81
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15.3
	10	0	1	0	1	0	1	1	1	0	1	0	1	1	1	0	2
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	.4
COLUMN TOTAL	90	28	26	19	3.6	11.2	59	119	22.5	2.6	14	169	31.9	0.9	5	529	100.0
	17.0	5.3	4.9	3.6	11.2	22.5	2.6	31.9	0.9	5	529	100.0					

PERCENTS AND TOTALS BASED ON RESPONDENTS

529 VALID CASES

47 MISSING CASES

Table 20

RANCs' Experience As Chief/Assistant Chief Nurse By Primary Specialty Skill Identifier
(SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2													ROW TOTAL						
		166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	66K-3448	66L-3448	66M-3448							
		ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	DB	MED-SUR	GEN DUT	GEN DUT	GEN DUT	GEN DUT							
		11	21	31	41	51	61	71	81	91	81	81	91							
A19		-----																		
YES	1	78	1	8	1	4	1	5	1	9	1	42	1	6	1	61	1	2	1	215
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	40.4
NU	2	13	1	20	1	23	1	14	1	49	1	78	1	8	1	109	1	3	1	317
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	59.6
COLUMN		91	28	27	19	58	120	14	170	5	14	170	5	32.0	2.6	170	5	532		
TOTAL		17.1	5.3	5.1	3.6	10.9	22.6	2.6	32.0	.9	2.6	32.0	.9	100.0						

NUMBER OF MISSING OBSERVATIONS = 44

Table 21

RANCs' Educational Experience By Primary Specialty Skill Identifier (SSI)/Military

Occupational Specialty (MUS) Code

D2													
COUNT	166A-3430	66B-3431	66C-3432	66D-3437	66E-3442	66F-3443	66G-3446	66H-3448	66J-3449				
	ADMIN	CHN	PSYCH	PEDS	DR	ANESTH	OB	MED-SUR	GEN OUT	ROW			
	1	1	2	3	4	5	6	7	8	9	TOTAL		
B1	1	1	2	1	4	1	5	1	6	1	8	1	9
HOSP DIPLOMA	1	74	16	22	16	52	98	13	138	1	2	1	431
ASSOC DEGREE	2	4	2	2	1	0	5	0	5	1	2	1	80.6
BA OF SCI NU	3	62	21	13	14	32	54	3	88	1	0	1	287
BA NON NURSG	4	16	1	5	2	10	24	2	24	1	0	1	53.6
MASTERS	5	51	18	12	13	13	30	3	38	1	1	1	179
DOCTORAL DEG	6	3	1	2	0	0	4	0	5	1	0	1	33.5
COLUMN TOTAL	91	28	27	19	60	121	14	171	4	535	100.0	0.7	100.0

PERCENTS AND TOTALS BASED ON RESPONDENTS

535 VALID CASES 41 MISSING CASES

Table 22

Number of Years Since Completion of Anesthesiology Program by RANCs' Primary Specialty

Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2											ROW
		166A-3430	66B-3431	66E-3443	66F-3445	66H-3448	ANESTH	MED-SUR			TOTAL	
B2A1		ADMIN	CHN	OR	51	61	81					
0 TO 10 YEARS	1	1	1	1	1	1	1	1	1	1	1	
11 TO 20 YEARS	2	1	1	2	1	42	1	2	1	1	47	
21 TO 30 YEARS	3	2	1	2	1	55	1	4	1	1	64	
31 OR MORE YEARS	4	1	1	1	1	8	1	2	1	1	11	
COLUMN TOTAL		3	2	4	106	86.2	8	6.5	123	100.0		

NUMBER OF MISSING OBSERVATIONS = 453

Table 23

Number of Years Since Completion of a Community Health Nursing Course By RANCS'

Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

	COUNT	U2				RDM TOTAL
		166B-3431 CIN	66F-3445 ANESTH	21	61	
B2A2		1	1	1	1	2
0 TO 10 YEARS	1	1	2	1	1	15.4
11 TO 20 YEARS	2	1	6	1	1	46.2
21 TO 30 YEARS	3	1	4	1	1	38.5
COLUMN TOTAL		12	12	7.7	13	100.0

NUMBER OF MISSING OBSERVATIONS = 563

Table 24

Number of Years Since Completion of an Intensive Care Course By RANCs' Primary Specialty

Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2										RDM TOTAL
	166A-3430	668-3431	66F-3445	66H-3448	ANESTH	61	61	61	61	61	
B2A3	1	1	1	1	1	1	1	1	1	1	1
0 TO 10 YEARS	1	1	1	1	1	1	1	1	1	1	4
11 TO 20 YEARS	2	1	1	1	1	1	1	1	1	1	12
21 TO 30 YEARS	3	1	1	1	1	1	1	1	1	1	6
COLUMN TOTAL	5	2	2	2	2	2	2	2	2	2	22
	22.7	9.1	9.1	9.1	9.1	9.1	9.1	9.1	9.1	9.1	100.0

NUMBER OF MISSING OBSERVATIONS = 554

Table 25

Number of Years Since Completion of Operating Room Nursing Course By RANCs' Primary

Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2										RDM TOTAL
	166A-3430 ADMIN	66B-3431 CHN	660-3442 PEDS	66E-3443 OR	66F-3445 ANESTH	66H-3448 MED-SUR					
B2A4	11	21	41	51	61	81					
0 TO 10 YEARS	1	1	1	1	1	1	1	1	1	1	1
	1	1	1	1	1	1	1	1	1	1	1.5
11 TO 20 YEARS	2	1	1	1	12	1	4	1	1	1	16
	1	1	1	1	1	1	1	1	1	1	24.6
21 TO 30 YEARS	3	4	1	1	29	1	4	1	2	1	41
	1	1	1	1	1	1	1	1	1	1	63.1
31 OR MORE YEARS	4	2	1	1	5	1	1	1	1	1	7
	1	1	1	1	1	1	1	1	1	1	10.8
COLUMN TOTAL	6	11	11	11	47	8	2	65	100.0		

NUMBER OF MISSING OBSERVATIONS = 511

Table 26

Number of Years Since Completion of a Pediatric Nurse Practitioner Course By RANCs'
Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2		166A-3430		66D-3442		ROW
	ADMIN	PEDS	TOTAL				
B2AS	1	1	1	2	1	2	
0 TO 10 YEARS	1	1	1	1	1	40.0	
11 TO 20 YEARS	2	1	1	2	1	2	
21 TO 30 YEARS	3	1	1	1	1	40.0	
COLUMN	1	1	1	1	1	1	
TOTAL	20.0	80.0	4	5	100.0		

NUMBER OF MISSING OBSERVATIONS = 571

Table 27

Number of Years Since Completion of Psychiatric Nurse Practitioner Course By RANCs'

Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2											ROW TOTAL
		166A-3430 ADMIN	668-3431 CHN	66C-3447 PSYCH	66F-3445 ANESTH	66H-3448 MED-SUR					81	
B2A6		11	21	31	61							
0 TO 10 YEARS	1	1	1	1	1	1	1	1	1	1	1	2
	1	1	1	1	1	1	1	1	1	1	1	12.5
11 TO 20 YEARS	2	1	1	6	2	2	1	2	1	2	1	11
	1	1	1	1	1	1	1	1	1	1	1	68.0
21 TO 30 YEARS	3	1	1	2	1	1	1	1	1	1	1	3
	1	1	1	1	1	1	1	1	1	1	1	18.0
COLUMN TOTAL		1	1	9	3	3	2	2	2	2	2	16
		6.3	6.3	56.3	18.8	12.5					100.0	

NUMBER OF MISSING OBSERVATIONS = 560

Table 28

Number of Years Since Completion of Ambulatory Nurse Practitioner Course By RANCs'
Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2										ROW TOTAL
	166B-3431 1	66E-3443 1	66E-3443 21	66G-3446 51	66H-3448 71	66H-3448 81	66H-3448 91	66H-3448 101	66H-3448 111	66H-3448 121	
B2A7	1	1	1	1	1	1	1	1	1	1	11
0 TO 10 YEARS	1	1	1	1	1	1	1	1	1	1	11
11 TO 20 YEARS	2	1	1	1	1	1	1	1	1	1	12
COLUMN TOTAL	1	1	1	1	1	1	1	1	1	1	11
	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	66.7

NUMBER OF MISSING OBSERVATIONS = 561

Table 29

Number of Years Since Completion of an OB/GYN Nurse Practitioner Course By RANCs'
 Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2					ROW TOTAL
	166A-3430 ADMIN	66G-3446 UB	66H-3448 MED-SUR	81		
B2A8	1	1	1	1	1	1
0 TO 10 YEARS	1	1	1	1	1	20.0
21 TO 30 YEARS	3	1	1	1	1	40.0
31 OR MORE YEARS	4	2	1	1	1	40.0
COLUMN TOTAL	60.0	20.0	20.0	20.0	5	100.0

NUMBER OF MISSING OBSERVATIONS = 571

Table 30

Number of Years Since Completion of a Nurse Midwifery Course by RANCs' Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

	COUNT	D2		RDN TOTAL
		166G-3446	UB	
B2A9	-----	71	-----	
21 TO 30 YEARS	3	1	1	1
				100.0
COLUMN TOTAL		100.0	1	100.0

NUMBER OF MISSING OBSERVATIONS = 575

Table 31

Number of Years Since Completion of ANC Basic Course By RANCs' Primary Specialty

Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	02												ROW TOTAL
	166A-3430 ADMIN	66B-3431 CHIN	66C-3447 PSYCH	66D-3442 PIDS	66E-3443 OR	66F-3445 ANESTH	66G-3446 OB	66H-3448 MED-SUR	66J-3449 GEN OUT	81	91		
0 TO 10 YEARS	1	1	1	1	1	1	1	1	1	1	1	1	3
11 TO 20 YEARS	2	3	12	2	9	22	1	39	1	1	1	1	93
21 TO 30 YEARS	3	51	15	12	33	82	7	86	1	1	1	1	297
31 OR MORE YEARS	4	28	6	3	15	13	5	39	3	1	1	1	118
COLUMN TOTAL	85	24	27	19	57	117	13	166	3	3	3	3	511
	16.6	4.7	5.3	3.7	11.2	22.9	2.5	32.5	.6	.6	.6	.6	100.0

NUMBER OF MISSING OBSERVATIONS = 65

Table 32

Number of Years Since Completion of the AMEDD Officers' Advanced Course By RANCs'

Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2	16A-3430	66D-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	ROW TOTAL
		ADMIN	CHH	PSYCH	PEDS	DR	ANESTH	DB	MED-SUR	
B2B2		11	21	31	41	51	61	71	81	
0 TO 10 YEARS	1	1	1	2	1	1	5	1	8	19
	2	33	10	12	3	23	68	4	76	229
11 TO 20 YEARS	3	1	1	1	1	1	1	1	1	61.2
21 TO 30 YEARS	4	37	4	4	7	14	12	2	41	121
31 OR MORE YEARS	5	1	1	1	1	1	2	1	2	32.4
	6	1	1	1	1	1	1	1	1	5
	7	1	1	1	1	1	1	1	1	1.3
COLUMN TOTAL		71	15	18	12	38	87	6	127	374
		19.0	4.0	4.8	3.2	10.2	23.3	1.6	34.0	100.0

NUMBER OF MISSING OBSERVATIONS = 202

Table 33

Number of Years Since Completion of the Head Nurses' Course By RANCs' Primary Specialty

Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2	66A-3430 66B-3431 66C-3447 66D-3442 66E-3443 66F-3445 66G-3446 66H-3448 66J-3449										TOTAL
		ADMIN	CIIN	PSYCH	PEDS	OR	ANESTH	DB	MED-SUR	GEN	OUT	
8283		11	11	21	31	41	51	61	71	81	91	
1	1	1	1	1	1	1	1	1	1	1	1	6
0 TO 10 YEARS	1	1	1	1	1	1	1	1	1	1	1	14.6
2	1	2	1	3	1	2	1	1	1	8	1	18
11 TO 20 YEARS	1	1	1	1	1	1	1	1	1	1	1	43.9
3	1	5	1	1	1	1	1	1	2	2	2	15
21 TO 30 YEARS	1	1	1	1	1	1	1	1	1	1	1	36.6
4	1	1	1	1	1	1	1	1	1	1	1	2
31 OR MORE YEARS	1	1	1	1	1	1	1	1	1	1	1	4.9
COLUMN TOTAL	8	19.5	7.3	12.2	5	2.4	7.3	3	4.9	14	2	41
												100.0

NUMBER OF MISSING OBSERVATIONS = 535

Table 34

Number of Years Since Completion of the Chief Nurses' Orientation Course By RANCS' Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2												ROW TOTAL
		166A-3430	66P-3431	66C-3447	66D-3442	66F-3445	66G-3446	66H-3448	66J-3449	66K-3449	66L-3449	66M-3449	
		ADMIN	CHN	PSYCH	PEDS	ANESTH	OB	MED-SUR	GEN DUT	GEN DUT	GEN DUT	GEN DUT	
		11	21	31	41	61	71	81	91				
8284		1	1	1	1	1	1	1	1	1	1	1	
0 TO 10 YEARS		28	3	2	1	4	1	17	1	1	1	1	55
		1	1	1	1	1	1	1	1	1	1	1	48.7
11 TO 20 YEARS		32	1	1	1	3	1	14	1	1	1	1	51
		1	1	1	1	1	1	1	1	1	1	1	45.1
21 TO 30 YEARS		1	1	1	1	1	1	3	1	1	1	1	7
		1	1	1	1	1	1	1	1	1	1	1	6.2
COLUMN TOTAL		60	4	4	1	7	2	34	1	1	1	1	113
		53.1	3.5	3.5	.9	6.2	1.8	30.1	.9	.9	.9	.9	100.0

NUMBER OF MISSING OBSERVATIONS = 463

Table 35

Number of Years Since Completion of the Command and General Staff College By RANCs'

Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2											ROW TOTAL
	166A-3430 ADMIN	66B-3431 CHIN	66C-3447 PSYCH	66E-3443 OR	66F-3445 ANESTH	66H-3448 MED-SUR						
B2B5	1	11	21	31	51	61	81					
0 TO 10 YEARS	1	5	2	1	1	2	5	1	1	1	1	16
	1	1	1	1	1	1	1	1	1	1	1	88.9
11 TO 20 YEARS	2	1	1	1	1	1	1	1	1	1	1	2
	1	1	1	1	1	1	1	1	1	1	1	11.1
COLUMN TOTAL	6	2	1	1	2	6	6	6	6	6	6	18
	33.3	11.1	5.6	5.6	11.1	33.3	33.3	33.3	33.3	33.3	33.3	100.0

NUMBER OF MISSING OBSERVATIONS = 558

Number of Years Since Completion of the Army War College By RANCs' Primary Specialty	Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

NUMBER OF MISSING OBSERVATIONS = 573

Table 37

RANCs' Licensure Status By Primary Specialty Skill Identifier (SSI)/Military

Occupational Specialty (MUS) Code

COUNT	D2												ROW
		166A-3430	668-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	TOTAL		
B4A		ADMIN	CIIN	PSYCH	PEDS	DR	ANESTH	DB	HED-SUR	GEN OUT			
		11	21	31	41	51	61	71	81	91			
1	INVALID LICENSE	4	3	1	2	9	6	2	10	1	36		
2	INACTIVE LIC	9	1	5	1	3	6	1	19	1	6.7		
3	VALID LICENSE	78	24	22	17	49	109	10	142	3	454		
COLUMN TOTAL		91	28	27	19	61	121	13	171	4	535		
TOTAL		17.0	5.2	5.0	3.6	11.4	22.6	2.4	32.0	.7	100.0		

NUMBER OF MISSING OBSERVATIONS = 41

Table 38

RANCs' Reported Legal Residence By RANCs' Primary Specialty Skill Identifier

(SSI)/Military Occupational Specialty (MOS) Code

PAGE 1 OF 4

COUNT		COUNT															COUNT	
1		166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	ROW							
1		ADMIN	CHN	PSYCH	PEDS	DR	ANESTH	DB	MED-SUR	GEN DUT	TOTAL							
1		11	21	31	41	51	61	71	81	91	TOTAL							
B3																		
ALABAMA	1	4	1	1	1	1	3	1	1	1	1	1	1	9				
	1	1	1	1	1	1	1	1	1	1	1	1	1	1.7				
ALASKA	2	1	2	1	1	1	1	1	1	1	1	1	1	5				
	1	1	1	1	1	1	1	1	1	1	1	1	1	.9				
ARIZONA	3	1	1	1	1	1	1	1	1	1	1	6	1	8				
	1	1	1	1	1	1	1	1	1	1	1	1	1	1.5				
ARKANSAS	4	1	1	1	1	1	4	1	1	1	1	1	1	4				
	1	1	1	1	1	1	1	1	1	1	1	1	1	.8				
CALIFORNIA	5	1	4	1	2	2	2	1	1	1	1	13	1	32				
	1	1	1	1	1	1	1	1	1	1	1	1	1	6.0				
COLORADO	7	1	1	1	3	4	7	1	1	1	1	12	1	26				
	1	1	1	1	1	1	1	1	1	1	1	1	1	4.9				
CONNECTICUT	8	1	1	1	1	1	1	1	1	1	1	4	1	5				
	1	1	1	1	1	1	1	1	1	1	1	1	1	.9				
DIST OF COLUMBIA	10	1	1	1	1	1	1	1	1	1	1	2	1	3				
	1	1	1	1	1	1	1	1	1	1	1	1	1	.6				
FLORIDA	11	1	3	1	1	5	4	1	2	1	1	14	1	40				
	1	1	1	1	1	1	1	1	1	1	1	1	1	7.5				
GEORGIA	12	2	1	1	1	2	8	1	1	1	1	11	1	26				
	1	1	1	1	1	1	1	1	1	1	1	1	1	4.9				
HAWAII	13	1	1	1	1	2	1	1	1	1	1	3	1	9				
	1	1	1	1	1	1	1	1	1	1	1	1	1	1.7				
IDAHO	14	1	1	1	1	1	1	1	1	1	1	1	1	1				
	1	1	1	1	1	1	1	1	1	1	1	1	1	.2				
ILLINOIS	15	1	1	1	1	1	1	1	1	1	1	1	1	6				
	1	1	1	1	1	1	1	1	1	1	1	1	1	1.1				
COLUMN TOTAL	91	28	27	19	61	119	14	169	4	532			532					
(CONTINUED)	17.1	5.3	5.1	3.6	11.5	22.4	2.6	31.8	.3	100.0			100.0					

Table 38 continued

COUNT	D2	RDW												TOTAL
		166A-3430	66B-3431	66C-3437	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	66K-3449	66L-3449	66M-3449	
		ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	UB	MED-SUR	GEN	DUT	GEN	DUT	
		11	21	31	41	51	61	71	81	91				
63														
INDIANA	16	1	1	1	1	1	1	1	1	1	1	1	1	2
		1	1	1	1	1	1	1	1	1	1	1	1	.4
IOWA	17	1	1	1	1	1	2	1	1	1	1	1	1	3
		1	1	1	1	1	1	1	1	1	1	1	1	.6
KANSAS	18	1	1	1	1	1	1	1	1	1	1	1	1	3
		1	1	1	1	1	1	1	1	1	1	1	1	.6
KENTUCKY	19	1	1	1	1	1	1	1	2	1	1	1	1	4
		1	1	1	1	1	1	1	1	1	1	1	1	.8
LOUISIANA	20	1	1	1	1	1	3	1	1	1	1	1	1	4
		1	1	1	1	1	1	1	1	1	1	1	1	.8
MAINE	21	1	1	1	1	1	1	1	1	1	1	1	1	3
		1	1	1	1	1	1	1	1	1	1	1	1	.6
MARYLAND	22	2	1	3	2	1	4	1	1	1	1	1	1	18
		1	1	1	1	1	1	1	1	1	1	1	1	3.4
MASSACHUSETTS	23	1	3	1	1	1	3	1	1	1	1	1	1	10
		1	1	1	1	1	1	1	1	1	1	1	1	1.9
MICHIGAN	24	1	1	1	1	1	2	1	1	1	2	1	1	7
		1	1	1	1	1	1	1	1	1	1	1	1	1.3
MINNESOTA	25	1	1	1	1	1	1	1	1	1	1	1	1	1
		1	1	1	1	1	1	1	1	1	1	1	1	.2
MISSISSIPPI	26	1	1	1	1	1	1	1	1	1	1	1	1	1
		1	1	1	1	1	1	1	1	1	1	1	1	.2
MISSOURI	27	1	1	1	1	1	1	1	1	1	1	1	1	3
		1	1	1	1	1	1	1	1	1	1	1	1	.6
MONTANA	28	1	1	1	1	1	1	1	1	1	1	1	1	1
		1	1	1	1	1	1	1	1	1	1	1	1	.2
COLUMN TOTAL		91	28	27	19	61	119	14	169	4				532
(CONTINUED) TOTAL		17.1	5.3	5.1	3.6	11.5	22.4	2.6	31.8	.8				100.0

Table 38 continued

COUNT	D2														RDM TOTAL
	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	66K-3450	66L-3451	66M-3452	66N-3453	66O-3454	
	ADMIN	CHN	PSYCH	PEDS	DR	ANESTH	OB	MED-SUR	GEN OUT						
B3	11	21	31	41	51	61	71	81	91						
29	1	1	1	1	1	2	1	1	1	1	1	1	1	1	3
NEBRASKA	1	1	1	1	1	1	1	1	1	1	1	1	1	1	.6
30	1	1	1	1	2	1	1	1	1	1	1	1	1	1	2
NEVADA	1	1	1	1	1	1	1	1	1	1	1	1	1	1	.4
31	1	1	1	2	2	1	1	1	1	1	1	1	1	1	6
NEW HAMPSHIRE	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1.1
32	1	2	1	1	2	1	1	1	1	1	1	1	1	1	6
NEW JERSEY	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1.1
33	1	1	1	1	1	2	1	1	1	1	1	1	1	1	5
NEW MEXICO	1	1	1	1	1	1	1	1	1	1	1	1	1	1	.9
34	1	1	1	1	1	1	1	1	1	1	1	1	1	1	12
NEW YORK	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2.3
35	6	1	1	1	2	2	1	1	1	1	1	1	1	1	14
N CAROLINA	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2.6
36	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3
N DAKOTA	1	1	1	1	1	1	1	1	1	1	1	1	1	1	.6
37	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
OHIO	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1.5
38	1	1	1	1	1	2	1	1	1	1	1	1	1	1	7
OKLAHOMA	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1.3
39	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3
OREGON	1	1	1	1	1	1	1	1	1	1	1	1	1	1	.6
40	10	2	2	2	1	4	1	1	1	1	1	1	1	1	31
PENNSYLVANIA	1	1	1	1	1	1	1	1	1	1	1	1	1	1	5.8
42	2	1	1	1	1	1	1	1	1	1	1	1	1	1	2
RHODE ISLAND	1	1	1	1	1	1	1	1	1	1	1	1	1	1	.4
COLUMN TOTAL	91	28	27	19	61	119	14	169	4						532
(CONTINUED)	17.1	5.3	5.1	3.6	11.5	22.4	2.6	31.8	.8						100.0

Table 38 continued

COUNT	02														TOTAL
	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	66K-3450	66L-3451	66M-3452	66N-3453	66O-3454	
B3	ADMIN	CIN	PSYCH	PEDS	OR	ANESTH	OB	HED-SUR	GEN DUT	RCM	GEN DUT	RCM	GEN DUT	RCM	TOTAL
43	2	1	1	1	2	1	1	1	1	1	1	1	1	1	7
S CAROLINA															1.3
45		1	1	1	3	1	4	1	1	1	1	1	1	1	9
TENNESSEE															1.7
46	19	4	6	3	14	26	3	36	1	1	1	1	1	1	112
TEXAS															21.1
47															2
UTAH						2	1	1	1	1	1	1	1	1	.4
48															2
VERMONT															.4
49	4	1	3	1	3	1	1	4	1	1	1	1	1	1	17
VIRGINIA															3.2
50	8	1	2	1	3	13	1	8	1	1	1	1	1	1	37
WASHINGTON															7.0
51															1
W VIRGINIA						1	1	1	1	1	1	1	1	1	.2
52	2	1	1	1	1	1	1	1	1	1	1	1	1	1	5
WISCONSIN															.9
53				1											1
WYOMING															.2
54	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3
US TERRITORIES															.6
COLUMN TOTAL	91	28	27	19	61	119	14	169	4	532	4	169	31.8	4	532
TOTAL	17.1	5.3	5.1	3.6	11.5	22.4	2.6	31.8	.8	100.0	.8	31.8	100.0	.8	100.0

NUMBER IF MISSING OBSERVATIONS = 44

Table 39

RANCs' Reported State of Licensure by By Primary Specialty Skill Identifier

(SSI)/Military Occupational Specialty (MOS) Code

PAGE 1

COUNT	DZ													RDW TOTAL
	ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	OB	MED-SUR	GEN DUT	66J-3449	66H-3448	66G-3446	66F-3445	
B4b	1	11	21	31	41	51	61	71	81	91				
0	10	1	1	2	1	5	4	1	1	13	1	1	1	38
	1	1	1	1	1	1	1	1	1	1	1	1	1	7.5
1	2	1	1	1	1	2	5	1	1	2	1	1	1	12
	1	1	1	1	1	1	1	1	1	1	1	1	1	2.4
2	1	2	1	1	1	1	1	1	1	1	1	1	1	3
	1	1	1	1	1	1	1	1	1	1	1	1	1	.6
3	1	1	1	1	1	1	1	1	1	5	1	1	1	6
	1	1	1	1	1	1	1	1	1	1	1	1	1	1.2
4	1	1	1	1	1	1	4	1	1	1	1	1	1	5
	1	1	1	1	1	1	1	1	1	1	1	1	1	1.0
5	4	1	1	1	2	1	4	1	1	13	1	1	1	26
	1	1	1	1	1	1	1	1	1	1	1	1	1	5.2
7	1	1	1	1	2	1	5	1	1	6	1	1	1	16
	1	1	1	1	1	1	1	1	1	1	1	1	1	3.2
8	1	1	1	1	1	1	1	1	1	1	1	1	1	2
	1	1	1	1	1	1	1	1	1	1	1	1	1	.4
9	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	1	1	1	1	1	1	1	1	1	1	1	1	1	.2
10	1	1	1	1	1	1	1	1	1	2	1	1	1	4
	1	1	1	1	1	1	1	1	1	1	1	1	1	.8
11	3	2	1	1	1	5	4	1	1	9	1	1	1	24
	1	1	1	1	1	1	1	1	1	1	1	1	1	4.8
12	2	1	1	1	1	1	7	1	1	7	1	1	1	17
	1	1	1	1	1	1	1	1	1	1	1	1	1	3.6
13	1	2	1	1	1	1	1	1	1	3	1	1	1	8
	1	1	1	1	1	1	1	1	1	1	1	1	1	1.6
COLUMN TOTAL	88	26	26	18	53	216	12	160						
(CONTINUED) TOTAL	17.5	5.2	5.2	2.5	10.5	20.0	2.6	51.2						

Table 39 continued

COUNT	U2	166A-3430 66B-3431 66C-3447 66D-3442 66E-3443 66F-3445 66G-3446 66H-3448 66J-3449												ROW TOTAL
		ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	OB	MED-SUR	GEN OUT	GEN OUT	GEN OUT	GEN OUT	
848		11	21	31	41	51	61	71	81	91				
ILLINOIS	15	1	1	1	1	3	1	1	3	1				9 1.8
INDIANA	16	1	1	1	1	1	1	1	1	1				2 .4
IOWA	17	1	1	1	1	1	2	1	1	1				3 .6
KANSAS	18	1	1	1	1	1	1	1	3	1				6 1.2
KENTUCKY	19	1	1	1	1	1	2	1	2	1				5 1.0
LOUISIANA	20	1	1	1	1	1	3	1	1	1				4 .8
MAINE	21	1	1	1	1	1	1	1	1	1				2 .4
MARYLAND	22	3	1	1	1	1	5	1	2	1				12 2.4
MASSACHUSETTS	23	1	2	1	1	1	3	1	3	1				9 1.6
MICHIGAN	24	4	1	1	1	1	2	1	1	2				12 2.4
MINNESOTA	25	1	1	1	1	1	1	1	2	1				4 .8
MISSISSIPPI	26	1	1	1	1	1	1	1	1	1				1 .2
MISSOURI	27	1	1	1	1	1	1	1	1	1				3 .6
COLUMN TOTAL	88	26	26	26	18	53	116	13	160	4				504
(CONTINUED) TOTAL	17.5	5.2	5.2	5.2	3.6	10.5	23.0	2.6	31.7	.8				100.0

Table 39 continued

PAGE 3

COUNT	D2	166A-3430 66B-3431 66C-3447 66D-3442 66E-3443 66F-3445 66G-3446 66H-3448 66J-3449											ROW TOTAL
		ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	DB	MED-SUR	GEN DUT	GEN DUT	ROW TOTAL	
B4B		11	21	31	41	51	61	71	81	91			
28		1	1	1	1	1	1	1	1	1	1	2	.4
MONTANA		1	1	1	1	1	1	1	1	1	1	2	.4
29		1	1	1	1	1	2	1	1	1	1	2	.4
NEBRASKA		1	1	1	1	1	1	1	1	1	1	2	.4
30		1	1	1	1	2	1	1	1	1	1	2	.4
NEVADA		1	1	1	1	1	1	1	1	1	1	2	.4
31		1	1	1	1	1	2	1	1	1	1	5	1.0
NEW HAMPSHIRE		1	1	1	1	1	1	1	1	1	1	5	1.0
32		2	2	1	1	4	1	1	1	1	1	10	2.0
NEW JERSEY		1	1	1	1	1	1	1	1	1	1	10	2.0
33		1	1	1	1	1	1	1	1	1	1	1	.2
NEW MEXICO		1	1	1	1	1	1	1	1	1	1	1	.2
34		11	2	3	1	3	2	1	12	1	1	34	6.7
NEW YORK		1	1	1	1	1	1	1	1	1	1	34	6.7
35		1	1	1	1	3	3	1	5	1	1	12	2.4
N CAROLINA		1	1	1	1	1	1	1	1	1	1	12	2.4
36		1	1	1	1	1	1	1	1	1	1	3	.6
N DAKOTA		1	1	1	1	1	1	1	1	1	1	3	.6
37		2	1	1	1	2	1	1	7	1	1	12	2.4
OHIO		1	1	1	1	1	1	1	1	1	1	12	2.4
38		1	1	1	1	1	1	1	2	1	1	4	.8
OKLAHOMA		1	1	1	1	1	1	1	1	1	1	4	.8
39		1	1	1	1	1	1	1	1	1	1	1	.2
OREGON		1	1	1	1	1	1	1	1	1	1	1	.2
40		9	3	3	3	3	4	2	10	1	1	37	7.3
PENNSYLVANIA		1	1	1	1	1	1	1	1	1	1	37	7.3
COLUMN TOTAL		88	26	26	18	53	116	13	160	4	4	504	100.0
(CONTINUED)		17.5	5.2	5.2	3.6	10.5	23.0	2.6	31.7	.8	.8	100.0	

Table 39 continued

	COUNT	D2	16A-3430	66H-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	ROW
			ADMIN	CHN	PSYCH	PEDS	DR	ANESTH	DB	MED-SUR	GEN DUT	TOTAL
84B			11	21	31	41	51	61	71	81	91	
PUERTO RICO	41	1	1	1	1	1	1	1	1	1	1	2
		1	1	1	1	1	1	1	1	1	1	.4
RHODE ISLAND	42	1	1	1	1	1	1	1	1	1	1	1
		1	1	1	1	1	1	1	1	1	1	.2
S CAROLINA	43	1	1	1	1	1	1	1	1	2	1	5
		1	1	1	1	1	1	1	1	1	1	1.0
S DAKOTA	44	1	1	1	1	1	1	1	1	1	1	1
		1	1	1	1	1	1	1	1	1	1	.2
TENNESSEE	45	1	1	1	1	1	1	2	1	1	1	4
		1	1	1	1	1	1	1	1	1	1	.8
TEXAS	46	12	3	3	3	3	5	23	2	21	1	72
		1	1	1	1	1	1	1	1	1	1	14.3
UTAH	47	1	1	1	1	1	1	2	1	1	1	2
		1	1	1	1	1	1	1	1	1	1	.4
VERMONT	48	1	1	1	1	1	1	1	1	1	1	1
		1	1	1	1	1	1	1	1	1	1	.2
VIRGINIA	49	2	1	3	1	1	2	1	1	5	1	14
		1	1	1	1	1	1	1	1	1	1	2.8
WASHINGTON	50	7	1	2	1	1	3	8	1	6	1	29
		1	1	1	1	1	1	1	1	1	1	5.8
W VIRGINIA	51	1	1	1	1	1	1	1	1	1	1	1
		1	1	1	1	1	1	1	1	1	1	.2
WISCONSIN	52	4	1	1	1	1	1	2	1	2	1	9
		1	1	1	1	1	1	1	1	1	1	1.8
WYOMING	53	1	1	1	1	1	1	1	1	1	1	1
		1	1	1	1	1	1	1	1	1	1	.2
US TERRITORIES	54	1	1	1	1	1	1	1	1	1	1	1
		1	1	1	1	1	1	1	1	1	1	.2
COLUMN TOTAL	88	26	26	18	3.6	10.5	53	116	13	160	4	504
	17.5	5.2	5.2	3.6	3.6	10.5	23.0	2.6	31.7	.8		100.0

NUMBER OF MISSING OBSERVATIONS = 72

Table 20

Plans Reported Plans to Renew Nursing License By Primary Specialty Skill Identifier
(SSIC Military Occupational Specialty (MOS) Code)

COUNT	D2										ROW
	166A-1430 ADM N	66B-3431 CIN	66C-3447 PSYCH	66D-3442 PEDS	66E-3443 OR	66F-3445 ANESTH	66G-3446 DB	66H-3448 MED-SUR	66J-3449 GEN OUT	TOTAL	
B4E	11	21	31	41	51	61	71	81	91		
YES	10	22	21	13	46	101	11	135	2	421	
NO	2	1	1	1	1	4	1	4	1	13	
UNDECIDED	10	2	2	2	3	7	1	7	1	34	
COLUMN TOTAL	82	24	23	16	50	112	12	146	3	468	
	17.5	5.1	4.9	3.4	10.7	23.9	2.6	31.2	.6	100.0	

NUMBER OF MISSING OBSERVATIONS = 108

Table 41

Frequency Distribution of RANCs' Who Are Cardiopulmonary Resuscitation (CPR) Certified

by Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2															ROW TOTAL
		166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	GEN	DUT	81	71	81	
B5																
1	1	32	9	10	6	21	72	2	67	1	1	1	1	1	1	220
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	41.0
YES																
2	1	59	19	17	13	40	49	12	103	1	4	1	1	1	1	316
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	59.0
NU																
COLUMN		91	28	27	19	61	121	14	170	5	536	100.0	31.7	2.6	.9	
TOTAL		17.0	5.2	5.0	3.5	11.4	22.6	2.6	31.7	.9						

NUMBER OF MISSING OBSERVATIONS = 40

Table 42

Frequency Distribution of RANCs' Who Are Advanced Cardiac Life Support (ACLS) Certified
by Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

		D2										ROW
COUNT	1	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	TOTAL	
		ADMIN	CHN	PSYCH	PEDS	UR	ANESTH	OB	MED-SUR	GEN OUT		
86	1	11	21	31	41	51	61	71	81	91		
YES	1	6	1	1	1	2	27	1	8	1	45	
											8.5	
NO	2	85	28	26	18	59	91	13	159	5	484	
											91.5	
COLUMN	91	28	27	18	61	118	22.3	2.6	167	5	529	
TOTAL	17.2	5.3	5.1	3.4	11.5	22.3	2.6	31.6	.9	100.0		

NUMBER OF MISSING OBSERVATIONS = 47

Table 43

RANCs' Reported Total Years of Nursing Practice By Primary Specialty Skill Identifier

(SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2																TOTAL
	166A-3430	66H-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	66K-3449	66L-3449	66M-3449	66N-3449	66O-3449	66P-3449	66Q-3449	
U7	ADMIN	CIN	PSYCH	PEDS	OR	ANESTH	OB	MED-SUR	GEN DUT	GEN DUT	GEN DUT	GEN DUT	GEN DUT	GEN DUT	GEN DUT	GEN DUT	ROM
1	11	21	31	41	51	61	71	81	91								
6 TO 10 YEARS	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6
11 TO 20 YEARS	2	1	5	10	11	23	3	35	1	1	1	1	1	1	1	1	96
21 TO 30 YEARS	3	1	19	10	37	76	6	110	1	2	1	1	1	1	1	1	326
31 OR MORE YEARS	4	1	4	7	13	20	4	21	1	3	1	1	1	1	1	1	104
COLUMN TOTAL	89	28	27	19	61	119	14	170	5	532							532
	16.7	5.3	5.1	3.6	11.5	22.4	2.6	32.0	.9	100.0							100.0

NUMBER OF MISSING OBSERVATIONS = 44

Table 44

RANCs' Reported Nursing Practice Since Retirement By Primary Specialty Skill Identifier
(SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2	166A-3430 ADMIN	66B-3431 CHN	66C-3447 PSYCH	66D-3442 PEDS	66E-3442 UR	66F-3443 ANESTH	66G-3445 UB	66H-3446 MED-SUR	66J-3448 GEN OUT	66J-3449 GEN OUT	RDW TOTAL								
1	11	21	31	41	51	61	71	81	91											
YES, FULL TIME	1	22	1	15	1	6	1	18	1	80	1	2	1	56	1	2	1	209	39.1	
PART TIME	2	7	1	4	1	1	1	5	1	14	1	3	1	32	1	1	1	70	13.1	
VOLUNTEER	3	10	1	1	1	2	1	4	1	1	1	1	1	7	1	1	1	26	4.9	
HAVE NOT PRACTICED	4	51	1	15	1	8	1	10	1	34	1	26	1	8	1	75	1	3	230	43.0
COLUMN TOTAL		90	28	27	19	3.6	11.4	61	121	22.6	14	2.6	31.8	170	5	100.0				

NUMBER OF MISSING OBSERVATIONS = 41

Table 45

Frequency Distribution of Duty Positions Held Since Retirement by RANCs' Primary

Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

D2

COUNT	166A-3430	66R-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	ROW							
	ADMIN	CIN	PSYCH	PEDS	UR	ANESTH	OB	MED-SUR	GEN DUT	TOTAL							
B12	1	1	2	1	4	1	5	1	6	1	7	1	8	1	9	1	19
CLIN STAFF	1	11	4	1	9	1	6	1	10	1	5	1	48	1	1	1	98
CL SPEC	2	1	2	1	4	1	2	1	4	1	1	1	4	1	0	1	19
COMM PUB HLTH	3	1	4	1	1	1	2	1	0	1	0	1	8	1	0	1	17
NURSE PARCT	4	2	1	1	4	0	2	1	1	1	0	1	6	1	0	1	16
OK NURSE	5	1	1	1	1	0	18	1	3	1	0	1	1	1	0	1	25
ANESTHESIA	6	1	0	1	0	1	0	1	76	1	0	1	0	1	0	1	8.5
MID MGMT ADMIN	7	9	7	1	8	1	15	1	26	1	2	1	37	1	0	1	105
EXEC LEVEL MGT	8	9	2	1	4	1	5	1	12	1	1	1	14	1	0	1	50
EDUCATOR	9	9	1	1	6	1	4	1	11	1	1	1	19	1	1	1	54
RESEARCHER	10	1	0	1	0	1	0	1	1	1	0	1	5	1	0	1	18.3
OTHER	11	0	0	1	0	1	0	1	0	1	0	1	1	1	0	1	8
VOLUNTEER, STUDENT	12	1	0	1	0	1	1	1	0	1	1	1	2	1	0	1	2.7
COLUMN TOTAL	33	12	16	10	3.4	32	90	2.7	31.2	8	92	0.7	295	100.0			

PERCENTS AND TOTALS BASED ON RESPONDENTS

295 VALID CASES

28.2 MISSING CASES

Table 46

RANCs' Reported Plans to Practice Nursing Until Age 60 By Primary Specialty Skill

Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	02														TOTAL
	ADMIN	CHN	PSYCH	PEDS	UR	ANESTH	OB	MED-SUR	GEN DUT	ROM					TOTAL
813	16	9	10	2	14	67	1	44	1	164					31.5
FULL TIME	1	1	1	1	1	1	1	1	1	1					1
PART TIME	10	3	3	5	5	19	4	39	1	88					16.9
VOLUNTEER	11	4	1	1	5	3	2	10	1	36					6.9
OWN'T PLAN PRACT	52	12	12	11	34	29	7	72	4	233					44.7
COLUMN TOTAL	89	28	25	19	58	110	14	165	5	521					100.0
	17.1	5.4	4.8	3.6	11.1	22.6	2.7	31.7	1.0						

NUMBER OF MISSING OBSERVATIONS = 55

Table 47

Frequency Distribution of RANCs' Reporting Current Certification By Primary Specialty

Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT		D2										TOTAL	
		166A-3430	66H-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	TOTAL		
		ADMIN	CHN	PSYCH	PEDS	UR	ANESTH	OB	MED-SUR	GEN	DUT		
B14A		11	21	31	41	51	61	71	81	91			
YES	1	9	4	3	2	3	87	1	12	1		120	
	1	1	1	1	1	1	1	1	1	1		22.9	
NU	2	78	23	22	17	56	34	14	155	5		404	
	1	1	1	1	1	1	1	1	1	1		77.1	
COLUMN		87	27	25	19	59	121	14	167	5		524	
TOTAL		16.6	5.2	4.8	3.6	11.3	23.1	2.7	31.9	1.0		100.0	

NUMBER OF MISSING OBSERVATIONS = 52

Table 48

Number of Continuing Education Programs Attended by RANCs During 1983-1984 By Primary

Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

D2														815A																											
COUNT	ADMIN	CNN	PSYCH	PEDS	DR	ANESTH	DB	MED-SUR	GEN OUT	ROW TOTAL	193	38.5	26	5.2	34	6.8	35	7.0	45	9.0	20	4.0	29	5.8	3	.6	19	3.8	5	1.0	27	5.4	2	.4	16	3.2	501	100.0			
0	42	12	12	5	30	19	8	61	81	91																															
1	3	1	1	1	4	5		11																																	
2	2	2		2	3	13	3	9																																	
3	5	3	3		2	8		14																																	
4	5	1	2	2	2	17		15	1																																
5	2		1		2	5	1	9																																	
6	1	2	1	2	3	10		10																																	
7						1		1																																	
8	4	2	1	1	1	8	1	1																																	
9	2																																								
10	6	2	2	1		5		11																																	
11																																									
12	4				2	3		7																																	
COLUMN TOTAL	82	27	26	15	55	117	13	161	5	501	100.0																														
	16.4	5.4	5.2	3.0	11.0	23.4	2.6	32.2	1.0																																

Table 48 continued

PAGE 2

COUNT	D2														ROW TOTAL
	166A-3430	166B-3431	166C-3447	166D-3442	166E-3443	166F-3445	166G-3446	166H-3448	166J-3449	166K-3450	166L-3451	166M-3452	166N-3453	166O-3454	
815A	ADMIN	CHN	PSYCH	PEDS	DR	ANESTH	DB	MED-SUR	GEN OUT	GEN OUT	GEN OUT	GEN OUT	GEN OUT	GEN OUT	
15	1	1	1	1	1	4	1	2	1	1	1	1	1	1	8
16	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1.6
17	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
18	1	1	1	1	1	1	1	1	1	1	1	1	1	1	.4
20	1	1	1	1	1	5	1	1	1	1	1	1	1	1	11
22	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2.2
24	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
25	1	1	1	1	1	1	1	1	1	1	1	1	1	1	.2
30	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
35	1	1	1	1	1	1	1	1	1	1	1	1	1	1	.2
36	1	1	1	1	1	1	1	1	1	1	1	1	1	1	4
40	1	1	1	1	1	2	1	1	1	1	1	1	1	1	.8
42	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
(CONTINUED)	82	27	26	15	55	117	13	161	5	501	100.0				
TOTAL	16.4	5.4	5.2	3.0	11.0	23.4	2.6	32.1	1.0						

Table 48 continued

PAGE 3

COUNT	D2														TOTAL
	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	ROM					
	ADMIN	CHN	PSYCH	PEDS	DR	ANESTH	OB	MED-SUR	GEN	DUT					
B15A	11	21	31	41	51	61	71	81	91						
50	1	1	1	1	1	2	1	1	1	1	4				
52	1	1	1	1	1	1	1	1	1	1	.8				
55	1	1	1	1	1	1	1	1	1	1	1				
	1	1	1	1	1	1	1	1	1	1	.2				
56	1	1	1	1	1	1	1	1	1	1	1				
	1	1	1	1	1	1	1	1	1	1	.2				
60	1	1	1	1	1	2	1	1	1	1	2				
	1	1	1	1	1	1	1	1	1	1	.4				
80	1	1	1	1	1	1	1	1	1	1	1				
	1	1	1	1	1	1	1	1	1	1	.2				
COLUMN TOTAL	82	27	26	15	55	117	23.4	13	161	5	501				
	16.4	5.4	5.2	3.0	1.0	2.6	32.1	2.6	32.1	1.0	100.0				
NUMBER OF MISSING OBSERVATIONS = 75															

NUMBER OF MISSING OBSERVATIONS = 75

Table 49

Number of Continuing Education Contact Hours Accumulated During 1983-84 By Primary

Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	02														ROW TOTAL
1	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449						
1	ADMIN	CIN	PSYCH	PEDS	DR	ANESTH	DB	MED-SUR	GEN DUT						
1	11	21	31	41	51	61	71	81	91						
0	1	11	1	9	32	21	7	59	3					196 42.6	
1	1	1	1	1	1	1	1	1	1					1 .2	
2	1	1	1	1	1	1	1	1	1					2 .4	
3	1	1	1	1	1	1	1	2	1					3 .7	
4	1	1	1	1	1	1	1	1	1					1 .2	
6	1	1	1	1	1	1	1	3	1					4 .9	
7	1	1	1	1	1	1	1	1	1					2 .4	
8	1	1	1	1	1	1	1	1	1					1 .2	
10	1	1	1	1	1	2	1	3	1					7 1.5	
12	1	1	1	1	1	3	1	5	1					9 2.0	
14	1	1	1	1	1	1	1	1	1					3 .7	
15	3	1	1	1	1	1	1	3	1					9 2.0	
16	1	1	1	1	1	1	1	1	1					3 .7	
COLUMN TOTAL	78 17.0	24 5.2	24 5.2	14 3.0	53 11.5	112 24.3	11 2.4	141 30.7	3 .7					460 100.0	

(CONTINUED)

B15b

Table 49 continued

D2																	
COUNT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
166A-3430	ADMIN	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	66K-3450	66L-3451	66M-3452	66N-3453	66O-3454	66P-3455	66Q-3456	66R-3457
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
13	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
14	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
15	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
16	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
17	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
18	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
19	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
20	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
21	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
22	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
23	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
24	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
25	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
27	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
28	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
29	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
30	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
31	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
32	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
COLUMN TOTAL	78	24	24	14	53	112	11	141	2	460	100.0	2	141	30.7	2	141	30.7
(CONTINUED)																	

Table 49 continued

PAGE 3

COUNT	D2														RDM TOTAL
	166A-3430	66U-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	66K-3448	66L-3448	66M-3448	66N-3448	66O-3448	
	ADMIN	CHIR	PSYCH	PEDS	OR	ANESTH	OB	MED-SUR	GEN OUT	GEN OUT	GEN OUT	GEN OUT	GEN OUT	GEN OUT	
	11	21	31	41	51	61	71	81	91	91	91	91	91	91	
33	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
															.4
35	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7
															1.5
36	1	1	1	1	1	1	1	1	1	1	1	1	1	1	5
															1.1
40	2	1	1	1	1	1	1	1	1	1	1	1	1	1	18
															3.9
43															1
															.2
44	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
															.2
45															3
															.7
47															1
															.2
48	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3
															.7
49															1
															.2
50	1	1	1	1	1	1	1	1	1	1	1	1	1	1	14
															3.0
52															3
															.7
54															3
															.7
COLUMN TOTAL	78	24	24	14	53	112	11	141	3						460
(CONTINUED) TOTAL	17.0	5.2	5.2	3.0	11.5	24.3	2.4	30.7	.7						100.0

Table 49 continued

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COUNT	D2	16A-3430	66D-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	ROW
		ADMIN	CHN	PSYCH	PEDS	UR	ANESTH	OB	MED-SUR	GEN DUT	TOTAL
		11	21	31	41	51	61	71	81	91	
56	1	1	1	1	1	1	2	1	1	1	2
	1	1	1	1	1	1	1	1	1	1	.4
60	1	1	1	1	1	4	8	1	5	1	18
	1	1	1	1	1	1	1	1	1	1	3.9
61	1	1	1	1	1	1	1	1	1	1	1
	1	1	1	1	1	1	1	1	1	1	.2
62	1	1	1	1	1	1	1	1	1	1	2
	1	1	1	1	1	1	1	1	1	1	.4
64	1	1	1	1	1	1	1	1	1	1	1
	1	1	1	1	1	1	1	1	1	1	.2
65	1	1	1	1	1	1	1	1	1	1	2
	1	1	1	1	1	1	1	1	1	1	.4
66	1	1	1	1	1	1	1	1	1	1	1
	1	1	1	1	1	1	1	1	1	1	.2
67	1	1	1	1	1	1	2	1	1	1	4
	1	1	1	1	1	1	1	1	1	1	.9
68	1	1	1	1	1	1	1	1	1	1	1
	1	1	1	1	1	1	1	1	1	1	.2
70	1	1	1	1	1	1	2	1	1	1	3
	1	1	1	1	1	1	1	1	1	1	.7
72	1	1	1	1	1	1	1	1	1	1	1
	1	1	1	1	1	1	1	1	1	1	.2
74	1	1	1	1	1	1	1	1	1	1	1
	1	1	1	1	1	1	1	1	1	1	.2
75	1	1	1	1	1	1	1	1	1	1	2
	1	1	1	1	1	1	1	1	1	1	.4
COLUMNS	78	24	24	24	14	53	112	11	141	3	460
(CONTINUED) TOTAL	17.9	5.2	5.2	5.2	3.0	11.5	24.3	2.4	30.7	.7	100.0

Table 49 continued

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COUNT	D2											ROW TOTAL
	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449			
	ADMIN	CIN	PSYCH	PEDS	DR	ANESTH	DB	MED-SUR	GEN DUT			
	11	21	31	41	51	61	71	81	91			
80	1	1	1	1	1	7	1	1	1	1	7	
	1	1	1	1	1	1	1	1	1	1	1.5	
85	1	1	1	1	1	1	1	1	1	1	2	
	1	1	1	1	1	1	1	1	1	1	.4	
86	1	1	1	1	1	2	1	1	1	1	2	
	1	1	1	1	1	1	1	1	1	1	.4	
89	1	1	1	1	1	1	1	1	1	1	1	
	1	1	1	1	1	1	1	1	1	1	.2	
90	1	1	1	1	1	2	1	1	1	1	2	
	1	1	1	1	1	1	1	1	1	1	.4	
95	1	1	1	1	1	1	1	1	1	1	1	
	1	1	1	1	1	1	1	1	1	1	.2	
96	1	1	1	1	1	1	1	1	1	1	2	
	1	1	1	1	1	1	1	1	1	1	.4	
100	3	1	1	1	1	2	1	4	1	1	9	
	1	1	1	1	1	1	1	1	1	1	2.0	
101	1	1	1	1	1	1	1	1	1	1	1	
	1	1	1	1	1	1	1	1	1	1	.2	
110	1	1	1	1	1	2	1	1	1	1	2	
	1	1	1	1	1	1	1	1	1	1	.4	
120	1	1	1	1	1	2	1	3	1	1	6	
	1	1	1	1	1	1	1	1	1	1	1.3	
125	1	1	1	1	1	1	1	1	1	1	1	
	1	1	1	1	1	1	1	1	1	1	.2	
126	1	1	1	1	1	1	1	1	1	1	1	
	1	1	1	1	1	1	1	1	1	1	.2	
COLUMN TOTAL	78	24	24	14	53	112	11	141	3		460	
(CONTINUED) TOTAL	17.0	5.2	5.2	3.0	11.5	24.3	2.4	30.7	.7		100.0	

Table 49 continued

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COUNT	D2														ROW TOTAL
	166A-3430	66H-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	66K-3449	66L-3449	66M-3449	66N-3449	66O-3449	
	ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	OB	MED-SUR	GEN DUT	GEN DUT	GEN DUT	GEN DUT	GEN DUT	GEN DUT	
8150	11	21	31	41	51	61	71	81	91						
130	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
140	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
150	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
170	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
177	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
180	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
186	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
200	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
236	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
240	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
300	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
340	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
464	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
600	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
COLUMN TOTAL	78	24	24	24	53	112	11	141	3						460
	17.0	5.2	5.2	3.0	11.5	24.3	2.4	30.7	.7						100.0

NUMBER OF MISSING OBSERVATIONS = 316

Table 50

Frequency Distribution of RANCs Reporting Membership in a Professional Organization During

1983-84 By Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

		D2															
	COUNT	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449					ROM		
		ADMIN	CIH	PSYCH	PEDS	DR	ANESTH	DB	MED-SUR	GEN DUT					TOTAL		
		11	21	31	41	51	61	71	81	91							
BISC																	
YES	1	42	15	11	9	25	92	5	63	1	1	1	1	263			
														49.3			
NO	2	47	13	16	9	36	29	9	108	4	1	1	1	271			
														50.7			
COLUMN	89	28	27	18	61	121	14	171	5	534							
TOTAL	16.7	5.2	5.1	3.4	11.4	22.7	2.6	32.0	.9	100.0							

NUMBER LF MISSING OBSERVATIONS = 42

Table 51

Frequency Distribution of RANCs Reporting Active Participation in Professional
Organizations During 1983-84 By Primary Specialty Skill Identifier (SSI)/Military
Occupational Specialty (MOS) Code

COUNT	D2													TOTAL	ROW
		166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	66K-3450	66L-3451	66M-3452		
		ADMIN	CHN	PSYCH	PEDS	UR	ANESTH	OB	MED-SUR	GEN	DUT	GEN	DUT		
6150		1	1	1	1	1	1	1	1	1	1	1	1	1	1
YES		25	8	10	7	23	82	5	51	1	1	1	1	212	39.8
NO		65	20	17	11	38	39	9	118	4	1	1	1	321	60.2
COLUMN		90	28	27	18	61	121	14	169	5				533	100.0
TOTAL		16.9	5.3	5.1	3.4	11.4	22.7	2.6	31.7	.9					

NUMBER OF MISSING OBSERVATIONS = 43

Table 52

RANCs' Reporting Reading of Professional Nursing Journals By Primary Specialty Skill

Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2														ROW TOTAL
	166A-3430	66D-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449					TOTAL	
	ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	OB	MED-SUR	GEN DUT						
B15L	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
YES	63	20	21	16	41	108	11	118	2	1	1	1	1	74.6	
NO	27	8	6	3	20	13	3	53	3	1	1	1	1	136	
	1	1	1	1	1	1	1	1	1	1	1	1	1	25.4	
COLUMN TOTAL	90	28	27	19	61	121	14	171	5	5	5	5	5	536	
	16.8	5.2	5.0	3.5	11.4	22.6	2.6	31.9	.9	.9	.9	.9	.9	100.0	

NUMBER OF MISSING OBSERVATIONS = 40

Table 53

RANCs' Reporting Reading of Professional Nursing Books By Primary Specialty Skill

Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT		D2										ROW TOTAL
		166A-3430 ADMIN	66B-3431 CIN	66C-3447 PSYCH	66D-3447 PEDS	66E-3442 OR	66F-3445 ANESTH	66G-3446 OB	66H-3448 MED-SUR	66J-3449 GEN OUT		
615F		11	21	31	41	51	61	71	81	91		
YES	1	42	16	19	11	21	72	8	90	2	281	
	1	1	1	1	1	1	1	1	1	1	52.5	
NU	2	48	12	8	8	40	48	6	81	3	254	
	1	1	1	1	1	1	1	1	1	1	47.5	
COLUMN TOTAL		90	28	27	19	61	120	14	171	5	535	
		16.8	5.2	5.0	3.6	11.4	22.4	2.6	32.0	.9	100.0	

NUMBER OF MISSING OBSERVATIONS = 41

Table 54

RANCs' Reported Perceptions of Own Nursing Capabilities During the Last 3-5 Years

on Active Duty by Primary Specialty Skill Identifier (SSI)/Military Occupational

Specialty (MOS) Code

COUNT	02	DUTY SPECIALTY SKILL IDENTIFIER (SSI)														RDM TOTAL
		166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	GEN DUT	81	91			
BX1	LUNEST	ADMIN	CIN	PSYCH	PEDS	OR	ANESTH	OB	MED-SUR	GEN DUT						
		11	21	31	41	51	61	71	81	91						
1	1	1	3	1	2	1	1	1	2	1	1	1	1	1	11	
2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2.1	
3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3	
4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	.6	
5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	9	
6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1.8	
7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	53	
8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	10.3	
9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	160	
10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	31.2	
11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	277	
12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	54.0	
		89	25	24	17	58	118	13	164	5						
COLUMN TOTAL		17.3	4.9	4.7	3.3	11.3	23.0	2.5	32.0	1.0						

NUMBER OF MISSING OBSERVATIONS = 63

VRANCs' Reported Perceptions of Own Nursing Capabilities "Today" By Primary Specialty

Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2	16A-3430 66B-3431 66C-3447 66D-3442 66E-3443 66F-3445 66G-3446 66H-3448 66J-3449													ROW TOTAL	
		ADMIN	CHN	PSYCH	PEDS	UR	ANESTH	DB	MED-SUR	GEN	OUT					
1	1	5	5	1	1	3	1	5	1	8	1	1	16	1	1	44
2	1	8	2	1	1	2	1	3	1	7	1	1	17	1	1	41
3	1	15	3	1	5	3	1	9	1	6	1	6	28	1	1	76
4	1	25	9	1	7	4	1	15	1	17	1	6	32	1	2	117
5	1	21	5	1	2	3	1	19	1	26	1	1	44	1	1	120
6	1	12	2	1	8	2	1	7	1	54	1	1	27	1	1	112
COLUMN TOTAL		86	26	23	17	58	118	13	2.5	32.2	5	1.0	100.0			

NUMBER OF MISSING OBSERVATIONS = 66

Table 56

RANCs' Reported Perceptions of Own Readiness for Field Nursing During the Last

3-5 Years on Active Duty By Primary Specialty Skill Identifier (SSI)/Military Occupational

Specialty (MOS) Code

COUNT	D2															TOTAL	RDM
		166A-3430	66P-3431	66C-3447	66D-3442	66E-3443	66F-3445	ANESTH	DB	66G-3446	66H-3448	66J-3449	GEN	DUT			
		ADMIN	CIN	PSYCH	PEDS	OK	51	61	71	81	91						
		11	21	31	41	51	61	71	81	91							
		1	5	1	4	1	1	3	1	2	1	4	1	1	1	28	
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	5.5	
		2	1	1	7	1	1	1	1	3	1	1	1	2	1	15	
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	2.9	
		3	1	2	3	1	4	1	3	2	1	5	1	1	1	30	
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	5.9	
		4	1	7	1	2	1	6	1	3	1	7	1	15	1	79	
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	15.5	
		5	1	24	1	1	4	1	5	1	16	1	19	1	4	123	
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	24.2	
		6	1	49	1	8	1	7	1	5	1	28	1	74	1	234	
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	46.0	
		COLUMN	88	25	23	19	58	117	13	161	5	509	1.0	100.0			
		TOTAL	17.3	4.9	4.5	3.7	11.4	23.0	2.6	31.6	1.0	100.0					

NUMBER OF MISSING OBSERVATIONS = 67

Table 57

RANCs' Reported Perceptions of Own Readiness for Field Nursing "Today" By Primary

Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2													TOTAL
		166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449				
ADMIN		CINN	PSYCH	PEDS	OR	ANESTH	DB	MED-SUR	GEN DUT				TOTAL	
11		21	31	41	51	61	71	81	91					
LOWEST	1	13	9	5	5	9	18	3	29	1				92
	1	1	1	1	1	1	1	1	1				18.4	
	2	6	9	8	1	8	6	2	24	1				65
	1	1	1	1	1	1	1	1	1				13.0	
	3	19	2	2	5	9	11	6	27	1				82
	1	1	1	1	1	1	1	1	1				16.4	
	4	20	1	5	5	1	34	2	31	2				115
	1	1	1	1	1	1	1	1	1				23.0	
5	21	2	1	1	1	14	17	1	29	1				84
	1	1	1	1	1	1	1	1	1				16.8	
	6	8	3	2	1	3	28	1	18	1				63
	1	1	1	1	1	1	1	1	1				12.6	
COLUMN TOTAL		87	26	22	18	58	114	13	158	5				501
TOTAL		17.4	5.2	4.4	3.6	11.6	22.8	2.6	31.5	1.0				100.0

NUMBER OF MISSING OBSERVATIONS = 75

RANCs' Attitudes to the Statement: "The Army should require eligible RANCs to be prepared for possible recall" By Primary Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2													ROW TOTAL
	166A-3430	166B-3431	166C-3432	166D-3433	166E-3434	166F-3435	166G-3436	166H-3437	166J-3438	166K-3439	166L-3440	166M-3441		
1	ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	OB	HED-SUR	GEN	DUT				
1	11	21	31	41	51	61	71	81	91					
1	28	9	8	4	14	25	2	50	1					
1	1	1	1	1	1	1	1	1	1					
2	38	10	10	9	30	47	5	69	3					
1	1	1	1	1	1	1	1	1	1					
3	12	7	5	4	9	28	3	31	2					
1	1	1	1	1	1	1	1	1	1					
4	11	2	3	2	7	15	3	18	1					
1	1	1	1	1	1	1	1	1	1					
COLUMN TOTAL	89	28	26	19	60	115	13	168	5					
TOTAL	17.0	5.4	5.0	3.6	11.5	22.0	2.5	32.1	1.0					

NUMBER OF MISSING OBSERVATIONS = 53

Table 59

RANCs' Attitudes to the Statement: "The Army should require eligible

RANCs to participate in periodic readiness training" By Primary Specialty Skill

Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2										ROW TOTAL
	166A-3430	668-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449		
1	ADMIN	CHN	PSYCH	PEDS	DR	ANESTH	DB	MED-SUR	GEN DUT	TOTAL	
11	21	9	7	2	11	13	1	36	1	100	
21	31	1	1	1	1	1	1	1	1	19.1	
31	8	1	1	1	1	1	1	1	1	213	
41	29	1	1	1	1	1	1	1	1	40.7	
51	43	1	1	1	1	1	1	1	1	137	
61	37	1	1	1	1	1	1	1	1	26.2	
71	22	1	1	1	1	1	1	1	1	73	
81	19	1	1	1	1	1	1	1	1	14.0	
91	1	1	1	1	1	1	1	1	1	523	
COLUMN TOTAL	90	28	26	19	58	115	14	168	5	100.0	
17.2	5.4	5.0	3.6	11.1	22.0	2.7	32.1	1.0	1.0	100.0	

NUMBER OF MISSING OBSERVATIONS = 53

Table 60

RANCs' Attitudes to the Statement: "The Army has responsibility for keeping eligible RANCs professionally prepared for possible recall" By Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2															ROW TOTAL
		166A-3430	66R-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449						
		ADMIN	LIH	PSYCH	PEDS	DR	ANESTH	OB	MED-SUR	GEN DUT						
		11	21	31	41	51	61	71	81	91						
C3																
STRONGLY AGREE		1	23	6	1	9	1	12	1	3	1	45	1	1	123	
		1	1	1	1	1	1	1	1	1	1	1	1	1	23.4	
AGREE		2	33	16	1	8	1	30	1	8	1	63	1	3	206	
		1	1	1	1	1	1	1	1	1	1	1	1	1	39.2	
DISAGREE		3	24	4	1	4	1	12	1	37	1	43	1	2	136	
		1	1	1	1	1	1	1	1	1	1	1	1	1	25.9	
STRONGLY DISAGREE		4	10	2	1	5	1	6	1	17	1	17	1	1	60	
		1	1	1	1	1	1	1	1	1	1	1	1	1	11.4	
COLUMN TOTAL		90	28	26	19	60	115	14	168	5					525	
		17.1	5.3	5.0	3.6	11.4	21.9	2.7	32.0	1.0					100.0	

NUMBER OF MISSING OBSERVATIONS = 51

Table 61

RANCs' Attitudes to the Statement: "It is my responsibility to maintain professional competency" By Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty

(MOS) Code

COUNT	D2															ROW TOTAL
		16A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	GEN DUT	81	71	61	51	
		ADMIN	CIN	PSYCH	PEDS	DR	ANESTH	OB	MED-SUR	GEN DUT	81	71	61	51		
1	1	38	1	6	1	13	1	8	1	1	1	1	1	1	1	205
		STRONGLY AGREE														39.3
2	1	29	1	15	1	7	1	8	1	1	1	1	1	1	1	196
		AGREE														37.6
3	1	13	1	3	1	2	1	2	1	1	1	1	1	1	1	74
		DISAGREE														14.2
4	1	8	1	2	1	4	1	1	1	1	1	1	1	1	1	46
		STRONGLY DISAGREE														8.8
COLUMN TOTAL		16.9	26	5.0	5.0	26	19	3.6	11.5	60	116	22.3	2.7	14	167	521
TOTAL																100.0

NUMBER OF MISSING OBSERVATIONS = 55

Table 62

RANCs' Attitudes to the Statement: "It is my responsibility to maintain my physical fitness" By Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty

(MUS) Code

COUNT	D2														ROW TOTAL
	ADMIN	CIN	PSYCH	PEDS	OR	ANESTH	OB	MED-SUR	GEN	DUT	66J-3449	66H-3448	66C-3446	66F-3445	
1	50	15	19	7	21	60	5	80	1	2	1	1	1	1	259
2	34	13	6	10	35	48	7	72	1	1	1	1	1	1	226
3	4	1	1	1	1	5	1	11	1	1	1	1	1	1	24
4	2	1	1	1	3	3	1	6	1	1	1	1	1	1	18
STRONGLY DISAGREE	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3.4
DISAGREE	1	1	1	1	1	1	1	1	1	1	1	1	1	1	4.6
AGREE	1	1	1	1	1	1	1	1	1	1	1	1	1	1	42.9
STRONGLY AGREE	1	1	1	1	1	1	1	1	1	1	1	1	1	1	49.1
COLUMN TOTAL	90	28	26	19	60	116	14	169	5	5	5	5	5	5	527
TOTAL	17.1	5.3	4.9	3.6	11.4	22.0	2.7	32.1	.9	.9	.9	.9	.9	.9	100.0

NUMBER OF MISSING OBSERVATIONS = 49

Table 63

RANCs' Attitudes to the Statement: "RANCs (Regular Army) should be subject to recall"

By Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	U2													ROW TOTAL
		166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	66K-3450	66L-3451	66M-3452	
		ADMIN	CHH	PSYCH	PEDS	UR	ANESTH	OB	MED-SUR	GEN OUT	GEN OUT	GEN OUT	GEN OUT	
		11	21	31	41	51	61	71	81	91	91	91	91	
1	1	30	9	16	4	11	33	4	61	1	1	1	1	169
STRONGLY AGREE	1	1	1	1	1	1	1	1	1	1	1	1	1	32.4
2	1	39	15	9	9	37	58	7	77	1	2	1	1	253
AGREE	1	1	1	1	1	1	1	1	1	1	1	1	1	48.6
3	1	14	2	1	3	3	11	1	16	1	2	1	1	52
DISAGREE	1	1	1	1	1	1	1	1	1	1	1	1	1	10.0
4	1	6	1	1	2	9	13	3	13	1	1	1	1	47
STRONGLY DISAGREE	1	1	1	1	1	1	1	1	1	1	1	1	1	9.0
COLUMN TOTAL		89	27	26	18	60	115	14	167	5	1.0	1.0	1.0	521
		17.1	5.2	5.0	3.5	11.5	22.1	2.7	32.1	1.0	1.0	1.0	1.0	100.0

NUMBER OF MISSING OBSERVATIONS = 55

Table 64

RANCs' Attitudes to the Statement: "RANCs (USAR) should be subject to recall" By Primary

Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2														ROW TOTAL			
	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	ADMIN	CIN	PSYCH	PEDS	OR		ANESTH	OB	MED-SUR
C7	1	11	21	31	41	51	61	71	81	91								
STRONGLY AGREE	1	29	1	7	1	8	1	4	1	31	1	4	1	44	1	2	140	
																	26.8	
AGREE	2	39	1	16	1	13	1	8	1	34	1	57	1	7	1	87	1	2
																	50.3	
DISAGREE	3	13	1	3	1	2	1	4	1	8	1	15	1	1	1	21	1	1
																	12.8	
STRONGLY DISAGREE	4	8	1	1	1	3	1	3	1	7	1	13	1	3	1	15	1	1
																	10.1	
COLUMN TOTAL	89	27	26	19	60	116	22.2	14	167	5	1.6	100.0						

NUMBER OF MISSING OBSERVATIONS = 53

Table 65

RANCs' Attitudes to the Statement: "I would want to be recalled if I were physically

capable" By Primary Specialty Skill Identifier (SSI)/Military Occupational

Specialty (MOS) Code

COUNT	U2															ROW
		166A-3430	66H-3431	66C-3447	66D-3447	66E-3442	66F-3443	66G-3445	66H-3446	66J-3448	66K-3449	66L-3450	66M-3451	66N-3452	66O-3453	
		ADMIN	CHN	PSYCH	PEDS	UR	ANESTH	DB	MED-SUR	GEN OUT						TOTAL
		11	21	31	41	51	61	71	81	91						
1	35	1	11	7	1	1	13	1	4	1	54	1	2	1		165
STRONGLY AGREE																31.5
2	35	1	12	14	8	1	34	1	6	1	76	1	1	1		234
AGREE																44.7
3	13	1	1	2	1	1	8	1	3	1	29	1	1	1		81
DISAGREE																15.5
4	7	1	3	3	3	1	5	1	1	1	8	1	1	1		44
STRONGLY DISAGREE																8.4
COLUMN	90	27	26	5.0	3.6	11.5	22.1	14	167	5						524
TOTAL	17.2	5.2	5.0	3.6	11.5	22.1	14	31.9	1.0							100.0

NUMBER OF MISSING OBSERVATIONS = 52

Table 66

RANCs' Attitudes to the Statement: "Being recalled would be a difficult experience for me"

By Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2														ROW TOTAL		
	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449								
ADMIN	CIN	PSYCH	PEDS	DR	ANESTH	UB	MED-SUR	GEN DUT					TOTAL				
	11	21	31	41	51	61	71	81	91								
STRONGLY AGREE	1	13	1	3	1	5	1	11	1	29	1	3	1	27	1	96	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18.4	
AGREE	2	19	1	9	1	5	1	15	1	27	1	4	1	51	1	137	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	26.3	
DISAGREE	3	40	1	9	1	9	1	8	1	27	1	49	1	6	1	215	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	41.3	
STRONGLY DISAGREE	4	16	1	7	1	6	1	1	1	7	1	10	1	1	24	1	73
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	14.0	
COLUMN TOTAL	88	28	25	19	60	115	14	168	4					521			
TOTAL	16.9	5.4	4.8	3.6	11.5	22.1	2.7	32.2	.8					100.0			

NUMBER OF MISSING OBSERVATIONS = 55

Table 67

RANCs' Attitudes to the Statement: "Recall into the ANC would be an important way of serving my country in time of need" By Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2														ROW TOTAL
	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449						
1	ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	OB	MED-SUR	GEN DUT						
1	11	21	31	41	51	61	71	81	91						
C10															
1	36	11	9	6	1	36	1	5	1	65	1	2	1	192	
STRONGLY AGREE	1	1	1	1	1	1	1	1	1	1	1	1	1	36.2	
2	38	13	13	5	1	31	1	60	1	6	1	73	1	241	
AGREE	1	1	1	1	1	1	1	1	1	1	1	1	1	45.4	
3	9	3	3	5	1	5	1	13	1	3	1	22	1	64	
DISAGREE	1	1	1	1	1	1	1	1	1	1	1	1	1	12.1	
4	6	1	1	2	1	3	1	11	1	1	1	9	1	34	
STRONGLY DISAGREE	1	1	1	1	1	1	1	1	1	1	1	1	1	6.4	
COLUMN TOTAL	89	27	27	19	61	120	14	169	5						531
TOTAL	16.8	5.1	5.1	3.6	11.5	22.6	2.6	31.8	.9						100.0

NUMBER OF MISSING OBSERVATIONS = 45

Table 68

RANCs' Attitudes to the Statement: "My period of active duty should be considered sufficient service to my country without the need for a recall obligation" By Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT		D2												ROM TOTAL
		166A-3430	66R-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449				
		ADMIN	CIN	PSYCH	PEDS	UR	ANESTH	OB	MED-SUR	GEN	OUT			
1		11	21	31	41	51	61	71	81	91				
STRONGLY AGREE		1	1	3	5	9	21	2	23	1			75	
		1	1	1	1	1	1	1	1	1			14.2	
2		20	4	7	2	12	25	2	29	1			101	
AGREE		1	1	1	1	1	1	1	1	1			19.1	
3		39	18	9	10	29	56	8	86	4			259	
DISAGREE		1	1	1	1	1	1	1	1	1			49.0	
4		20	4	7	2	11	17	2	31	1			94	
STRONGLY DISAGREE		1	1	1	1	1	1	1	1	1			17.8	
COLUMN TOTAL		89	27	26	19	61	119	14	169	5			529	
		16.8	5.1	4.9	3.6	11.5	22.5	2.6	31.9	.9			100.0	

NUMBER OF MISSING OBSERVATIONS = 47

Table 69

RANCS' Attitudes to the Statement: "Knowing I could be recalled to active duty
fulfills my sense of duty to my country" By Primary Specialty Skill Identifier
(SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2													RDM TOTAL
		166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	66K-3449	66L-3449	66M-3449	
		ADMIN	CHIN	PSYCH	PEDS	OR	ANESTH	DB	MEU-SUR	GEN	DUT	GEN	DUT	
12		11	21	31	41	51	61	71	81	91				
1	STRONGLY AGREE	24	4	5	2	8	16	1	33	1	1	1	1	93
2	AGREE	33	14	11	6	32	54	9	74	1	4	1	1	237
3	DISAGREE	22	6	6	8	14	28	2	53	1	1	1	1	140
4	STRONGLY DISAGREE	9	2	4	3	7	18	2	8	1	1	1	1	26.8
	COLUMN TOTAL	88	26	26	19	61	116	14	168	5	5	5	5	523
		16.8	5.0	5.0	3.6	1.7	22.2	2.7	32.1	1.0	1.0	1.0	1.0	100.0

NUMBER OF MISSING OBSERVATIONS = 53

Table 70

RANCs' Attitudes to the Statement: "In the event of recall, I would prefer not to report to duty unless there is no other option" By Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2													ROW TOTAL					
	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	66K-3449	66L-3449	66M-3449							
1	ADMIN	CHH	PSYCH	PEDS	DR	ANESTH	DB	MED-SUR	GEN	DUT	GEN	DUT							
C13	1	11	21	31	41	51	61	71	81	91									
STRONGLY AGREE	1	15	1	3	1	4	1	5	1	7	1	25	1	4	1	28	1	1	92
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	17.4
AGREE	2	17	1	8	1	7	1	4	1	14	1	33	1	2	1	51	1	1	137
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	25.9
DISAGREE	3	36	1	14	1	11	1	8	1	30	1	46	1	6	1	64	1	3	218
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	41.3
STRONGLY DISAGREE	4	22	1	2	1	5	1	2	1	9	1	15	1	2	1	24	1	1	81
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15.3
COLUMN TOTAL	90	27	27	27	19	3.6	11.4	60	119	22.5	2.7	14	167	31.6	5	100.0			

NUMBER OF MISSING OBSERVATIONS = 48

Table 71

RANCs' Attitudes to the Statement: "In the event of recall, I would seek a waiver to be exempted from recall" By Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2														TOTAL
	166A-3430	66B-3431	66C-3432	66D-3433	66E-3434	66F-3435	66G-3436	66H-3437	66I-3438	66J-3439	66K-3440	66L-3441	66M-3442	66N-3443	
	ADMIN	CHIR	PSYCH	PEDS	OR	ANESTH	DB	MED-SUR	GEN DUT	GEN DUT	GEN DUT	GEN DUT	GEN DUT	GEN DUT	
C14	11	21	31	41	51	61	71	81	91						
STRONGLY AGREE	1	8	3	1	2	1	4	1	12	1	3	1	16	1	51
															9.6
AGREE	2	6	2	1	1	3	14	1	2	1	23	1	1	1	53
															10.0
DISAGREE	3	42	15	14	14	36	64	1	5	1	90	1	5	1	285
															53.9
STRONGLY DISAGREE	4	34	6	8	2	18	30	1	4	1	38	1	1	1	140
															26.5
COLUMN TOTAL	90	26	27	19	61	120	22.7	14	167	5	31.6	2.6	100.0		
	17.0	4.9	5.1	3.6	11.5	22.7	2.6	14	167	5	31.6	2.6	100.0		

NUMBER OF MISSING OBSERVATIONS = 47

Table 72

RANCs' Attitudes to the Statement: "In the event of recall, I would expect to be assigned to a military/civilian medical treatment facility (caring for military casualties) within 50 miles of my home" By Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2														RUM TOTAL
	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	GEN DUT	81	71	61	51	
CIS	ADMIN	CIN	PSYCH	PEDS	DR	ANESTH	DB	MED-SUR							
1	19	1	9	1	8	1	8	1	18	1	45	1	3	1	159
STRONGLY AGREE	1	1	1	1	1	1	1	1	1	1	1	1	1	1	29.9
2	19	1	10	1	8	1	3	1	21	1	33	1	4	1	154
AGREE	1	1	1	1	1	1	1	1	1	1	1	1	1	1	29.0
3	41	1	7	1	6	1	7	1	16	1	36	1	5	1	177
DISAGREE	1	1	1	1	1	1	1	1	1	1	1	1	1	1	33.3
4	11	1	2	1	5	1	1	1	5	1	5	1	2	1	41
STRONGLY DISAGRE	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7.7
COLUMN TOTAL	90	28	27	18	60	119	14	170	5						531
	16.9	5.3	5.1	3.4	11.3	22.4	2.6	32.0	.9						100.0

NUMBER OF MISSING OBSERVATIONS = 45

Table 73

RANCs' Attitudes to the Statement "In the event of recall, RANCs should be assigned anywhere in CONUS and overseas" By Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2	166A-3430	66B-3431	66C-3447	66D-3447	66E-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	ROW TOTAL
1	ADMIN	CIN	PSYCH	PEDS	DR	ANESTH	OB	MED-SUR	GEN OUT			
1	11	21	31	41	51	61	71	81	91			
1	20	3	5	1	8	15	3	20	1			75
2	31	9	5	5	14	35	4	52	2			14.1
3	17	9	11	7	23	39	4	57	2			157
4	22	5	6	6	16	31	3	41	1			29.5
COLUMN TOTAL	90	26	27	19	61	120	14	170	5			532
	16.9	4.9	5.1	3.6	11.5	22.6	2.6	32.0	.9			100.0

NUMBER (F MISSING OBSERVATIONS = 44

Table 74

RANCs' Attitudes to the Statement: "I should be allowed input in the selection of the duty position to which I would be assigned in the event of recall" By Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	02															ROW TOTAL
	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	GEN DLT	GEN DLT	OB	ANESTH	OB	HED-SUR	
C17	ADMIN	CIIN	PSYCH	PEDS	UR	51	61	71	81	91						
1	43	13	16	9	29	65	6	88	1	1						269
STRONGLY AGREE	1	1	1	1	1	1	1	1	1	1						50.7
2	34	13	9	9	31	50	5	70	1	4						225
AGREE	1	1	1	1	1	1	1	1	1	1						42.4
3	11	2	2	1	1	2	3	8	1	1						30
DISAGREE	1	1	1	1	1	1	1	1	1	1						5.6
4	1	1	1	1	1	2	1	4	1	1						7
STRONGLY DISAGREE	1	1	1	1	1	1	1	1	1	1						1.3
COLUMN TOTAL	89	28	27	18	61	119	14	170	5							531
TOTAL	16.8	5.3	5.1	3.4	11.5	22.4	2.6	32.0	.9							100.0

NUMBER OF MISSING OBSERVATIONS = 45

Table 75

RANCs' Attitudes to the Statement: "I should be allowed input concerning the geographic location of my duty assignment in the event of recall" By Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2	66A-3430 66B-3431 66C-3447 66D-3442 66E-3443 66F-3445 66G-3446 66H-3448 66J-3449												TOTAL
		ADMIN	CHN	PSYCH	PEOS	OR	ANESTH	DB	MED-SUR	GEN DUT	GEN DUT	GEN DUT	GEN DUT	
C18		11	11	21	31	41	51	61	71	81	91	91	91	
1	1	36	1	10	1	10	1	26	1	6	1	87	1	252
STRONGLY AGREE	1	1	1	1	1	1	1	1	1	1	1	1	1	47.4
2	1	34	1	13	1	7	1	28	1	4	1	65	1	207
AGREE	2	1	1	1	1	1	1	1	1	1	1	1	1	38.9
3	1	16	1	5	1	1	1	6	1	4	1	12	1	57
DISAGREE	3	1	1	1	1	1	1	1	1	1	1	1	1	10.7
4	1	3	1	1	1	1	1	1	1	1	1	6	1	16
STRONGLY DISAGREE	4	1	1	1	1	1	1	1	1	1	1	1	1	3.0
COLUMN TOTAL		89	28	27	18	11.5	120	2.6	14	170	5	32.0	5	532
		16.7	5.3	5.1	3.4	11.5	22.6	2.6	2.6	32.0	.9	100.0		100.0

NUMBER OF MISSING OBSERVATIONS = 44

Table 76

RANCs' Attitudes to the Statement: "Until age 60, retirees' salary should be considered

a monetary retainer for possible recall rather than a pension" By Primary Specialty

Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2														TOTAL
	ADMIN	CHN	PSYCH	PEDS	UR	ANESTH	OB	MED-SUR	GEN DUT	ROM					TOTAL
C19	1	1	1	1	1	1	1	1	1	1					91
STRONGLY AGREE	1	7	1	5	2	1	9	1	1	1	1	1	1	1	72
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	13.7
AGREE	2	18	1	4	1	6	1	5	1	1	1	1	1	1	122
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	23.2
DISAGREE	3	1	10	1	5	1	7	1	1	1	1	1	1	1	164
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	31.2
STRONGLY DISAGRE	4	1	34	1	5	1	11	1	5	1	1	1	1	1	168
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	31.9
COLUMN TOTAL	90	27	27	5.1	19	59	110	22.4	2.5	13	168	31.9	1.0	5	526
	17.1	5.1	5.1	3.6	11.2	22.4	2.5	31.9	1.0	5	100.0				

NUMBER OF MISSING OBSERVATIONS = 50

Table 77

RANCs' Attitudes to the Statement: "All RNs should be subject to the draft" By

Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS)

Code

COUNT	D2													TOTAL
		ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	OB	MED-SUR	GEN DUT	66J-3449	66H-3448	66G-3446	
		11	21	31	41	51	61	71	81	91				
1	17	1	6	8	4	10	47	2	28	2				124
STRONGLY AGREE														23.3
2	26	1	9	8	3	18	26	5	47	1				143
AGREE														26.9
3	27	1	7	6	8	19	22	4	57	2				152
DISAGREE														28.6
4	20	1	5	5	4	13	25	3	38	1				113
STRONGLY DISAGREE														21.2
COLUMN TOTAL	90	27	27	27	19	50	120	14	170	5				532
	16.9	5.1	5.1	5.1	3.6	12.3	22.6	2.6	32.0	.9				100.0

NUMBER OF MISSING OBSERVATIONS = 44

Table 78

Frequency Distribution of RANCs' Reported Rank at Retirement By Primary Specialty Skill

Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	U2	166A-3430	66R-3431	66C-3447	66D-3447	66E-3442	66F-3445	66G-3446	66H-3448	66J-3449	ROM TOTAL
		ADIN	CIIN	PSYCH	PEOS	OR	ANESTH	DB	MED-SUR	GEN OUT	
		31	21	31	51	61	71	81	91		
D1		1	1	1	1	1	1	1	1	1	6
		2	1	2	1	1	2	1	1	1	1.1
LI-OTHER		1	1	1	1	1	1	1	1	1	1
		3	1	1	3	2	1	2	1	1	29
CPT		1	1	1	1	1	1	1	1	1	5.4
		4	1	3	1	2	1	1	1	1	95
MAJ		1	1	12	1	2	1	4	1	3	17.7
		5	1	16	1	13	1	7	1	1	315
LTC		1	1	1	1	1	1	1	1	1	58.7
		6	1	6	1	2	1	1	1	1	92
COL		1	1	1	1	1	1	1	1	1	17.1
		91	28	27	19	61	121	14	171	5	537
COLUMN TOTAL		16.9	5.2	5.0	3.5	11.4	22.5	2.6	31.8	.9	100.0

NUMBER OF MISSING OBSERVATIONS = 39

Table 79

Frequency Distribution of RANCs' Primary Additional Skill Identifier (ASI) By Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

D5	COUNT	D2												TOTAL
		166A-3430	66B-3431	66C-3447	66E-3443	66F-3445	66G-3446	66H-3448	66I-3449	66J-3450	66K-3451	66L-3452	66M-3453	
		ADMIN	CHN	PSYCH	UR	ANESTH	OB	MED-SUR	OB	MED-SUR	OB	MED-SUR	OB	
		11	21	31	51	61	71	81	91	01	11	21	31	
SK	30	6	4	2	1	4	1	10	1	1	1	1	1	26
7I	31	1	1	1	1	1	1	1	1	1	1	1	1	10
7U	32	1	1	1	1	1	1	1	1	1	1	1	1	10
7V	33	1	1	1	1	1	1	1	1	1	1	1	1	10
7W	34	1	1	1	1	13	1	1	1	1	1	1	1	14
8A	35	1	1	1	2	6	1	2	1	1	1	1	1	11
8C	36	1	1	1	1	1	1	1	1	1	1	1	1	11
8D	37	1	1	1	1	1	1	1	1	1	1	1	1	11
8E	38	1	1	1	1	16	1	1	1	1	1	1	1	22
8J	39	1	1	1	3	1	1	1	1	1	1	1	1	5
8K	40	1	1	1	2	2	1	1	1	1	1	1	1	5
COLUMN TOTAL	10	10.3	4.1	3.1	9.3	45.4	2.1	25.6	25.6	25.6	25.6	25.6	25.6	97

NUMBER OF MISSING OBSERVATIONS = 479

VRANCs' Reported Years Since Retirement By Primary Specialty Skill Identifier

(SSI)/Military Occupational Specialty (MOS) Code

COUNT	D7	D6A-343C ADMIN	68B-343I CHIN	66C-3447 PSYCH	PEDS	66E-3442 DR	66F-3443 ANESTH	DB	MED-SUR	GEN DUT	ROW TOTAL
1	1	60	16	12	7	32	68	4	93	1	292
0 THRU 5 YRS											54.4
2	1	29	10	12	10	22	46	8	62	2	201
6 THRU 10 YRS											37.4
3	1	2	2	3	2	7	7	2	16	3	44
11 YEARS OR MORE											8.2
COLUMN TOTAL		91	28	27	19	61	121	14	171	5	537
TOTAL		16.9	5.2	5.0	3.5	11.4	22.5	2.6	31.8	.9	100.0

NUMBER OF MISSING OBSERVATIONS = 39

Table 81

RANCs' Reported Total Years in Military Service By Primary Specialty Skill Identifier

(SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2															RDM TOTAL
		166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	GEN DUT	81	91			
ADMIN	CIIN	PSYCH	PEDS	DR	ANESTH	DB	MED-SUR									
1	11	21	31	41	51	61	71	81								
0 TO 10 YEARS	1	2	1	2	5	1	2	1	8	1	1	1	21			
	1	1	1		1	1	1	1	1	1	1	1	4.0			
2	15	9	16	9	17	56	5	74	3	1			204			
11 THRU 20 YEARS	1	1	1	1	1	1	1	1	1	1	1	1	38.4			
3	75	16	10	8	38	63	7	85	1	1	1	1	303			
21 THRU 30 YEARS	1	1	1	1	1	1	1	1	1	1	1	1	57.1			
4	1	1	1	1	1	1	1	1	1	1	1	1	3			
31 OR MORE YEARS	1	1	1	1	1	1	1	1	1	1	1	1	.6			
COLUMN TOTAL	90	27	26	19	61	121	14	168	5				531			
	16.9	5.1	4.9	3.6	11.5	22.8	2.6	31.6	.9				100.0			

NUMBER OF MISSING OBSERVATIONS = 45

Table 82

RANCs' Reported Total Years in the ANC By Primary Specialty Skill Identifier

(SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2														RCM TOTAL
	166A-3430	66E-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	GEN DUT	GEN DUT	71	81	91	
	ADMIN	CHIN	PSYCH	PEDS	UR	ANESIN	DB	MED-SUR							
09	11	11	21	31	41	51	61	71	81	91					
0 TO 10 YEARS	1	1	5	3	1	6	1	2	1	1	1	1	1	1	40
11 THRU 20 YEARS	2	26	9	20	15	30	1	6	1	112	1	1	1	1	306
21 THRU 30 YEARS	3	63	13	4	3	25	1	6	1	43	1	1	1	1	57.5
31 OR MORE YEARS	4	1	1	1	1	1	1	1	1	1	1	1	1	1	185
															34.8
															1
															.2
COLUMN TOTAL	90	27	27	19	61	121	14	169	4	532					
	16.9	5.1	5.1	3.6	11.5	22.7	2.6	31.8	.8	100.0					

NUMBER OF MISSING OBSERVATIONS = 44

Table 83

WANCs' Service Component at the Time of Retirement By Primary Specialty Skill

Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	U2															ROW TOTAL	
	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449								
1	ADMIN	CHIN	PSYCH	PEDS	UR	ANESTH	OB	MED-SUR	GEN OUT								
1	11	21	31	41	51	61	71	81	91								
REG ARMY	1	69	1	20	1	7	13	1	32	1	86	1	9	1	90	3	329
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	61.6
USAR	2	16	1	6	1	14	5	1	24	1	24	1	5	1	65	2	161
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	30.1
AUS	3	5	1	2	1	6	1	1	5	1	10	1	1	1	16	1	44
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8.2
COLUMN	96	28	27	18	61	120	14	171	5								
TOTAL	16.9	5.2	5.1	3.4	11.4	22.5	2.6	32.0	.9								

NUMBER OF MISSING OBSERVATIONS = 42

Table 84

RANCs' Age at the Time of the Survey By Primary Specialty Skill Identifier

(SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2										ROW TOTAL
	166A-3430 ADMIN	66B-3431 CIIN	66C-3447 PSYCH	66D-3442 PEDS	66E-3443 DR	66F-3445 ANESTH	66G-3446 OB	66H-3448 MED-SUR	66J-3449 GEN OUT		
E1	11	21	31	41	51	61	71	81	91		
0	1	1	1	1	1	1	1	1	1	1	
30 YEARS OR YOUNGER	1	1	1	1	1	1	1	1	1	.2	
1	1	1	1	1	1	1	1	1	1	6	
31 TO 35 YEARS	1	1	1	1	1	1	1	1	1	1.1	
2	1	1	1	1	2	1	1	1	1	9	
36 TO 40 YEARS	1	1	1	1	1	1	1	1	1	1.7	
3	6	5	5	2	3	17	2	29	1	69	
41 TO 45 YEARS	1	1	1	1	1	1	1	1	1	12.8	
4	15	6	6	4	14	36	1	42	1	124	
46 TO 50 YEARS	1	1	1	1	1	1	1	1	1	23.1	
5	27	7	8	7	21	49	4	39	1	162	
51 TO 55 YEARS	1	1	1	1	1	1	1	1	1	30.2	
6	43	9	8	5	20	18	6	52	5	166	
56 TO 60 YEARS	1	1	1	1	1	1	1	1	1	30.9	
COLUMN TOTAL	91	28	27	19	61	121	14	171	5	537	
	16.9	5.2	5.0	3.5	11.4	22.5	2.6	31.8	.9	100.0	

NUMBER OF MISSING OBSERVATIONS = 39

Table 85

644Cs' Reported Age at Retirement By Primary Specialty Skill Identifier

551)/Military Occupational Specialty (MOS) Code

COUNT	U2														ROH TOTAL
	166A-3430 ADMIN	66B-3431 CHN	66C-3447 PSYCH	66D-3442 PEDS	66E-3443 DR	66F-3445 ANESTH	66G-3446 DB	66H-3448 MED-SUR	66J-3449 GEN DUT					91	
30 YEARS OR YOUNG	1	1	1	1	1	2	1	1	1	1	1	1	5	1	10
31 TO 35 YEARS	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1.9
36 TO 40 YEARS	2	4	4	1	1	4	1	3	1	1	1	1	15	1	41
41 TO 45 YEARS	19	8	13	9	23	63	1	65	1	1	1	1	2	1	206
46 TO 50 YEARS	31	12	5	7	20	42	1	5	1	1	1	1	60	2	184
51 TO 55 YEARS	36	2	4	1	8	7	1	1	1	1	1	1	20	1	79
56 TO 60 YEARS	3	1	1	1	1	1	1	1	1	1	1	1	3	1	8
COLUMN TOTAL	91	27	27	19	60	121	14	170	5					534	
	17.0	5.1	5.1	3.6	11.2	22.7	2.6	31.8	.9					100.0	

NUMBER OF MISSING OBSERVATIONS = 42

Table 86

Frequency Distribution of RANCs' Gender by Primary Specialty Skill Identifier

(SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2	166A-3430	60B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	ROW
		ADMIN	CIN	PSYCH	PEDS	UR	ANESTH	DB	MED-SUR	GEN DUT	TOTAL
E3	1	11	1	21	31	41	51	61	71	81	91
	1	10	1	5	19	1	18	1	1	60	1
	1	1	1	1	1	1	1	1	1	1	1
MALE											210
FEMALE	2	73	1	23	8	19	43	1	14	111	5
	1	1	1	1	1	1	1	1	1	1	1
	1	1	1	1	1	1	1	1	1	1	1
COLUMN		91	28	27	19	61	121	14	171	5	537
TOTAL		16.9	5.2	5.0	3.5	11.4	22.5	2.6	31.8	.9	100.0

NUMBER OF MISSING OBSERVATIONS = 39

Table 87

Frequency Distribution of RANCs' Marital Status by Primary Specialty Skill Identifier
(SSI)/Military Occupational Specialty (MOS) Code

02																
COUNT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
166A-3430	166B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449							RDM	
ADMIN	CHIC	PSYCH	PEDS	OR	ANESTH	OB	MED-SUR	GEN DUT							TOTAL	
1	11	21	31	41	51	61	71	81	91							

MARRIED	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	25	11	10	2	24	85	4	70	1	1	1	1	1	1	1	

SINGLE	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	60	15	6	15	30	26	6	85	4	1	1	1	1	1	1	

WIDOWED	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	

DIVORCED	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	4	1	3	2	6	10	4	15	1	1	1	1	1	1	1	

COLUMN TOTAL	91	28	27	19	61	121	14	171	5	537	100.0	5	5	5	5	
	16.9	5.2	5.0	3.5	11.4	22.5	2.6	31.8	.9							

NUMBER OF MISSING OBSERVATIONS = 39

39

Frequency Distribution of RANCs' Reporting Responsibility for the Care of Minors By
Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

NUMBER OF MISSING OBSERVATIONS = 53

Table 89

Frequency Distribution of RANCs Reporting Responsibility for the Care of Adult Dependents By Primary Specialty Skill Identifier (SSI)/Military Occupational

Specialty (MOS) Code

COUNT	U2															ROW TOTAL
		16A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	66K-3449	66L-3449	66M-3449	66N-3449	66O-3449	
18	ADMIN	11	11	21	31	41	51	61	71	81	91					
	0	1	64	1	14	1	17	1	13	1	1	1	1	1	1	1
	1	1	17	1	4	1	5	1	4	1	1	1	1	1	1	1
	2	1	3	1	2	1	3	1	1	1	1	1	1	1	1	1
	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	2	1	3	1	2	1	3	1	1	1	1	1	1	1	1	1
	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
COLUMN TOTAL		85	22	26	17	53	112	23.0	13	154	5					487
		17.5	4.5	5.3	3.5	11.9	23.0	2.7	31.6	1.0						100.0

NUMBER OF MISSING OBSERVATIONS = 89

Table 91

If Recalled, RANCs' Estimated Amount of Time Necessary to Arrange for Business and

Personal Matters By Primary Specialty Skill Identifier (SSI)/Military Occupational

Specialty (MOS) Code

COUNT	D2	66A-3430 66B-3431 66C-3447 66D-3442 66E-3443 66F-3445 66G-3446 66H-3448 66J-3449												ROW TOTAL
		ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	OB	MED-SUR	GEN DUT				
1	1	11	3	4	1	10	1	3	1	26	1	1	65	
1-3 DAYS		1	1	1	1	1	1	1	1	1	1	1	12.5	
2	1	25	8	9	8	11	1	35	1	48	1	1	147	
4-7 DAYS		1	1	1	1	1	1	1	1	1	1	1	28.2	
3	1	47	12	10	8	34	1	52	1	74	1	5	247	
8-10 DAYS		1	1	1	1	1	1	1	1	1	1	1	47.3	
4	1	9	3	4	3	5	1	18	1	19	1	1	63	
WAIVER		1	1	1	1	1	1	1	1	1	1	1	12.1	
COLUMN TOTAL		90	26	27	19	50	115	22.0	13	167	5	1.0	522	
		17.2	5.0	5.2	3.6	11.5	22.0	2.5	32.0	100.0			100.0	

NUMBER OF MISSING OBSERVATIONS = 54

Table 92

If Recalled, RANCs' Estimated Amount of Time to Report to Duty By Primary Specialty

Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2												ROW TOTAL
	166A-3430	66B-3431	66C-3432	66D-3433	66E-3434	66F-3435	66G-3436	66H-3437	66I-3438	66J-3439	66K-3440	66L-3441	
SSI	ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	OB	MED-SUR	GEN	OUT	GEN	OUT	
	11	21	31	41	51	61	71	81	91				
0	12	6	4	2	5	15	3	20					67 12.8
1	1	1			1	2		4					9 1.7
2					1		1	3					6 1.1
3	5	2			3	7		8					25 4.8
4			1		3			5					9 1.7
5	4		2	1	3	4	1	12					27 5.2
6			1			1	1	1					4 .8
7	15	1	6	4	8	24	2	24					84 16.0
8				1		2		1	1				5 1.0
9													1 .2
10	27	5	6	5	17	20	4	38		2			124 23.7
11								1					1 .2
12					1	1		1					3 .6
COLUMN TOTAL	90 17.2	26 5.0	26 5.0	19 3.6	60 11.5	116 22.1	14 2.7	168 32.1	5 1.0				524 100.0

Table 92 continued

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U2														RDW	
COUNT	1	2	3	4	5	6	7	8	9	10	11	12	13	TOTAL	
166A-3430	66B-3431	66C-3447	66D-3442	66E-3445	66F-3443	66G-3446	66H-3448	66J-3449							
ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	DB	MED-SUR	GEN DUT							
11	21	31	41	51	61	71	81	91							
14	11	6	4	3	8	18	1	24	2						77
															14.7
15	1		1	2	3	2		4							13
															2.5
20	1	1	1	1	1	1	1	1							3
															.6
21	3			1		5		4							13
															2.5
30	10	2	1	1	6	14	1	13							47
															9.0
45					1										1
															.2
60		2	1	1				2							4
															.8
90															1
															.2
COLUMN	90	26	26	19	60	116	14	168	5						524
TOTAL	17.2	5.0	5.0	3.6	11.5	22.1	2.7	32.1	1.0						100.0

NUMBER OF MISSING OBSERVATIONS = 52

Table 93

Frequency Distribution of RANCs Medically Retired from the Army By Primary Specialty

Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

D2															ROW TOTAL
COUNT	166A-3430 ADMIN	668-3431 CHH	66C-3447 PSYCH	66D-3442 PEDS	66E-3443 OR	66F-3445 ANESTH	66G-3446 DB	66H-3448 MED-SUR	66J-3449 GEN DUT						
	11	21	31	41	51	61	71	81	91						
F4A	1	5	3	4	1	6	1	2	1	19	1	1	1	46	
YES	1	1	1	1	1	1	1	1	1	1	1	1	1	8.6	
NO	2	86	25	23	18	55	114	12	152	1	5	1	1	490	
	1	1	1	1	1	1	1	1	1	1	1	1	1	91.4	
COLUMN TOTAL	91	28	27	19	61	120	14	171	5						536
	17.0	5.2	5.0	3.5	11.4	22.4	2.6	31.9	.9						100.0

NUMBER OF MISSING OBSERVATIONS = 40

Table 94

RANCs' Self-Perception of Current Health Status By Primary Specialty Skill Identifier

(SSI)/Military Occupational Specialty (MOS) Code

02													ROW TOTAL
COUNT	ADMIN	CIN	PSYCH	PEDS	UR	ANESTH	DB	MED-SUR	GEN OUT				
	11	21	31	41	51	61	71	81	91				
F7	1	33	9	10	7	14	42	5	48	1			169
	1	1	1	1	1	1	1	1	1	1			31.6
EXCELLENT	2	44	16	13	7	31	67	5	79	4			266
	1	1	1	1	1	1	1	1	1	1			49.8
GOOD, SATIS	3	12	3	4	4	13	8	3	38	1			85
	1	1	1	1	1	1	1	1	1	1			15.9
FAIR	4	2	1	1	1	1	3	1	6	1			14
	1	1	1	1	1	1	1	1	1	1			2.6
POOR													
COLUMN TOTAL	91	28	27	19	59	120	14	171	5				534
	17.0	5.2	5.1	3.6	11.0	22.5	2.6	32.0	.9				100.0

NUMBER OF MISSING OBSERVATIONS = 42

Table 95

RANCs' Anticipation of Recall Based on Self-Perceptions of Current Health Status By

Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

D2														ROW TOTAL
COUNT	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449					
	ADMIN	CIN	PSYCH	PEDS	OR	ANESTH	DR	MED-SUR	GEN DUT					
	11	21	31	41	51	61	71	81	91					
F8	1	14	12	10	28	60	4	68	1	1				237
DEF RECALLED	1	1	1	1	1	1	1	1	1	1				44.4
	2	9	10	5	21	43	6	62	4	1				196
PUSS RECALLED	1	1	1	1	1	1	1	1	1	1				36.7
	3	2	3	2	9	11	3	29	1	1				68
PUSS EXEMPT	1	1	1	1	1	1	1	1	1	1				12.7
	4	3	2	2	3	6	1	12	1	1				33
DEF EXEMPT	1	1	1	1	1	1	1	1	1	1				6.2
COLUMN TOTAL	89	28	27	19	61	120	14	171	5					534
	14.7	5.2	5.1	3.6	11.4	22.5	2.6	32.0	.9					100.0

NUMBER OF MISSING OBSERVATIONS = 42

Table 96

RANCs' Reported Frequency of Medical Care "during the past three years" (1982-1984) By

Primary Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

		02														COUNT	F10	ROM TOTAL
		166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	66K-3449	66L-3449	66M-3449	66N-3449	66O-3449			
		ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	DB	MED-SUR	GEN OUT	GEN OUT	GEN OUT	GEN OUT	GEN OUT	GEN OUT			
		11	21	31	41	51	61	71	81	91	01	11	21	31	41			
>14 TIMES	1	5	4	1	1	2	2	1	1	1	1	1	1	1	1	28		
	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	5.2		
10-14 TIMES	3	6	4	1	2	4	8	4	4	1	1	1	1	1	1	19		
	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3.6		
5-9 TIMES	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	53		
	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	9.9		
<5 TIMES	7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	314		
	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	58.7		
NO VISITS	9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	121		
	10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	22.6		
COLUMN TOTAL		91	28	27	19	60	120	14	171	5						535		
TOTAL		17.0	5.2	5.0	3.6	11.2	22.4	2.6	32.0	.9						100.0		

NUMBER OF MISSING OBSERVATIONS = 41

Table 97

RANCs' Reported Smoking Habits By Primary Specialty Skill Identifier (SSI)/Military

Occupational Specialty (MOS) Code

COUNT	D2													RDM TOTAL						
		166A-3430	460B-3431	660C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	GEN DUT	81	91							
		ADMIN	LIN	PSYCH	PEDS	OR	ANESTH	UB	MED-SUR											
		11	21	31	41	51	61	71	81											
F11		1	15	1	11	1	6	1	9	1	20	1	26	1	5	1	54	1	1	147
NEVER SMOKED		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	27.5
2		1	30	1	4	1	10	1	5	1	16	1	38	1	4	1	44	1	3	154
NOT PAST 3 YRS		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	28.8
3		1	13	1	2	1	3	1	1	1	4	1	19	1	1	1	17	1	1	61
< 1 PKG WK		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	11.4
4		1	28	1	9	1	7	1	4	1	19	1	33	1	4	1	53	1	1	157
1 PKG + DAY		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	29.4
5		1	5	1	2	1	1	1	1	1	2	1	4	1	1	1	1	1	1	15
UTHER		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2.8
COLUMN TOTAL		91	28	27	19	61	120	22.5	2.6	14	169	31.6	5	534						100.0
		17.0	5.2	5.1	3.6	11.4														

NUMBER LF MISSING OBSERVATIONS = 42

Table 98

RANCs' Reported Need for Hospitalization 1982-1984 by Primary Specialty Skill

Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2														ROW TOTAL
	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	66K-3448	66L-3448	66M-3448	66N-3448	66O-3448	
	ADMIN	CIN	PSYCH	PEDS	UR	ANESTH	DB	MED-SUR	GEN OUT	GEN OUT	GEN OUT	GEN OUT	GEN OUT	GEN OUT	
F12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	91
5 + TIMES	1	1	1	1	1	1	1	1	1	1	1	1	1	1	5
3-4 TIMES	2	1	1	1	2	1	1	1	1	1	1	1	1	1	15
1-2 TIMES	3	1	1	1	1	1	1	1	1	1	1	1	1	1	122
NONE	4	1	1	1	1	1	1	1	1	1	1	1	1	1	15
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2.8
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	122
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	22.8
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	394
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	73.5
COLUMN TOTAL	91	28	27	19	61	120	14	171	5	171	31.9	2.6	2.6	5	536
	17.0	5.2	5.0	3.5	11.4	22.4	2.6	31.9	.9	31.9	2.6	2.6	2.6	.9	100.0

NUMBER OF MISSING OBSERVATIONS = 40

Table 99

RANCs' Reported Need for Prescription Medications By Primary Specialty Skill Identifier
(SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2														ROW TOTAL
	166A-3430 ADMIN	66P-3431 CIN	66C-3431 PSYCH	66D-3442 PEDS	66E-3443 UR	66F-3445 ANESTH	66G-3446 OB	66H-3448 MED-SUR	66J-3449 GEN DUT	81	71	61	51	41	
F13	1	1	1	1	1	1	1	1	1	1	1	1	1	1	91
REGULAR BASIS	1	4	1	1	1	1	1	1	1	1	1	1	1	1	226
FREQ PRN	2	1	1	1	1	1	1	1	1	1	1	1	1	1	10
SPOKALIC PRN	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1.9
NONE	4	1	1	1	1	1	1	1	1	1	1	1	1	1	92
COLUMN TOTAL	91	27	27	19	61	119	2.6	171	5	32.0	14	22.3	11.4	3.6	534
NUMBER OF MISSING OBSERVATIONS =	17.0	5.1	5.1	3.6	11.4	22.3	2.6	32.0	.9						100.0

NUMBER OF MISSING OBSERVATIONS = 42

Table 100

RANCs Reporting a Physical or Mental Disability Which Would Effect Performance as
a Registered Nurse By Primary Specialty Skill Identifier (SSI)/Military Occupational
Specialty (MOS) Code

		D2														ROW TOTAL
COUNT	I	166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449						
	ADMIN	CHN	PSYCH	PEDS	OR	ANESTH	DB	MED-SUR	GEN OUT							
	11	21	31	41	51	61	71	81	91							
F14	1	17	8	7	8	15	18	5	51	1	1	1	1	130		
		1	1	1	1	1	1	1	1	1	1	1	1	24.4		
YES	2	74	20	20	11	45	100	9	119	4	1	1	1	402		
		1	1	1	1	1	1	1	1	1	1	1	1	75.6		
NU	COLUMN	91	28	27	19	60	118	14	170	5					532	
	TOTAL	17.1	5.3	5.1	3.6	11.3	22.2	2.6	32.0	.9					100.0	

NUMBER OF MISSING OBSERVATIONS = 44

Table 101

RANCs' Reported Awareness of Current DA Physical Fitness Requirements By Primary Specialty

Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2														TOTAL
		166A-3430	66B-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449	66K-3449	66L-3449	66M-3449	66N-3449	
		ADMIN	CIN	PSYCH	PEDS	UR	ANESTH	OB	MED-SUR	GEN	DUT	GEN	DUT	GEN	
		11	21	31	41	51	61	71	81	91					
		1	1	1	1	1	1	1	1	1	1	1	1	1	209
		1	1	1	1	1	1	1	1	1	1	1	1	1	39.2
		2	1	1	1	1	1	1	1	1	1	1	1	1	324
		1	1	1	1	1	1	1	1	1	1	1	1	1	60.8
		90	28	27	19	61	120	14	169	5					533
		16.9	5.3	5.1	3.6	11.4	22.5	2.6	31.7	.9					100.0

NUMBER OF MISSING OBSERVATIONS = 43

Table 102

RAN's' Perceived Ability to Meet Current DA Physical Fitness Requirements By Primary

Specialty Skill Identifier (SSI)/Military Occupational Specialty (MOS) Code

COUNT	D2														ROW
		166A-3430	468-3431	66C-3447	66D-3442	66E-3443	66F-3445	66G-3446	66H-3448	66J-3449				TOTAL	
		ADMIN	CIN	PSYCH	PEDS	DR	ANESTH	OB	MED-SUR	GEN	OUT	OUT	OUT		
F25		11	21	31	41	51	61	71	81	91					
YES,NO DIFF	1	12	7	4	2	8	27	1	20	1	1			80	
	1	1	1	1	1	1	1	1	1	1	1	1	1	15.0	
YES,MIN TNG	2	18	4	10	6	12	27	2	23	1	1			102	
	1	1	1	1	1	1	1	1	1	1	1	1	1	19.1	
PROB YES,MOD TNG	3	37	10	6	5	22	40	6	64	3	1			193	
	1	1	1	1	1	1	1	1	1	1	1	1	1	36.1	
PROB NOT,CONDITI	4	17	3	5	3	9	22	5	38	1	1			103	
	1	1	1	1	1	1	1	1	1	1	1	1	1	19.3	
NO,DISABILITIES	5	7	4	2	2	10	4	1	25	1	1			56	
	1	1	1	1	1	1	1	1	1	1	1	1	1	10.5	
COLUMN TOTAL		91	28	27	18	11.4	120	14	170	5				534	
		17.0	5.2	5.1	3.4		22.5	2.6	31.8	.9				100.0	

NUMBER OF MISSING OBSERVATIONS = 42